

13766

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death." Page of may be red to be hospital or attending physician.

TO FUNERAL RECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director. page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and though be filled with the registrar prior to burial, crematian, or remayal, and in any event within 72 hours after death.

TO HOSPILAR May be ref. (b) 518 SA Poge 3 shoul

Reg. Dist. No.

13736

1. PLACE OF DEATH Charles	MARYLAND	2. USUAL RESIDENCE (W	here deceased lived. If ins		ore admission)
b. CITY OR FOWN (If outside corporate limits, write RURAL and give nearest town) Indian Head Md	c. LENGTH OF STAY IN 15	c. CITY OR TOWN (IF	uutside corporate limits, wr Head Md	ite RURAL and give ne	egrest town)
d. NAME OF HOSPITAL (If not in hospital, give street a OR INSTITUTION	ddress)	d STREET ADDRESS			o. IS RESIDENCE ON A FARM? YES NO-E
3. NAME OF DECEASED Harry Lee Besle	•	Lost	4. DATE DEATH 12-8	Wolf D	Year 19
5. SEX Male 6. COLOR OR RACE 7. MARRII WIDOWEI	D DIVORCED	8. DATE OF BIRTH 5-28-1896		Months Days	Hours Min.
10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist  Ma	intainance	Spencer,		USA	OF WHAT COUNTRY?
Ruben Besley		Bertha La			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S		nformant dgar Besley		Address Indian	Head Md
PART II. OTHER SIGNIFICANT CONDITIONS COMMANDENT TO DUE TO  PART II. OTHER SIGNIFICANT CONDITIONS COMMANDENT TO DUE TO  200. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH  [IF EITHER, NOTIFY MEDICAL EXAMINER]  DUE TO  (b)  DUE TO  (c)  PART II. OTHER SIGNIFICANT CONDITIONS COMMANDENT TO DUE TO  200. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH  [IF EITHER, NOTIFY MEDICAL EXAMINER]	IIVOT INVOL  RIBE HOW INJURY OCCURRE  JURY OCCURRED for Mort while for Mort work dependence of work dependence of the form 1-10-60	NOT RELATED TO THE TERM V ement D. (Enter nature of injury in ACE OF INJURY IHome, forn ctory, street, office bldg., etc.	Port I or Port II of item 18.  1.   201. (City or fawn)	(County)	(Stole)  aw the deceosedate stated above
PHYSICIAN'S JAMES E.Andres  220. BURFAL, CREMATION.   22b. DATE THEREOF  REMOVAL (Specify)   /2 - /2 - 60  23. FUNERAL DIRECTOR'S SIGNATURE		coly	22d. LOCATION (City, too		DATE SIGNED 12-9-60 (State)
Honte Funcial Ho	me Walke			Linky & Than	

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TO FUNERAL VS A15 (4)

1SM 9/SB

REMOVAL (Specify) Burial 23. FUNERAL DIRECTOR'S SIGNATURE

220. BURIAL, CREMATION.

22c. NAME OF CEMETERY OR CREMATORY Mary's

22d. LOCATION (City, town, or county) Newport

(Stote) Maryland

13737

ON A FARM? YES NO T

10

PERFORMED? YES NO C

(Stote)

DATE SIGNED

Hours

ADDRESS

226. DATE THEREOF

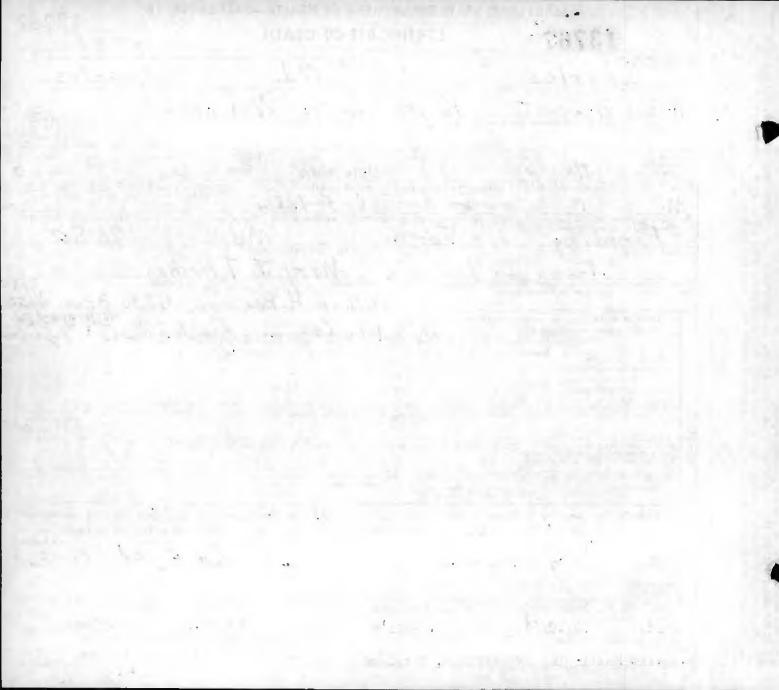
24c. REC'D BY REGISTRAR DATEDEC 1 2 '60

24b: REGISTRAR'S SIGNATURE

page

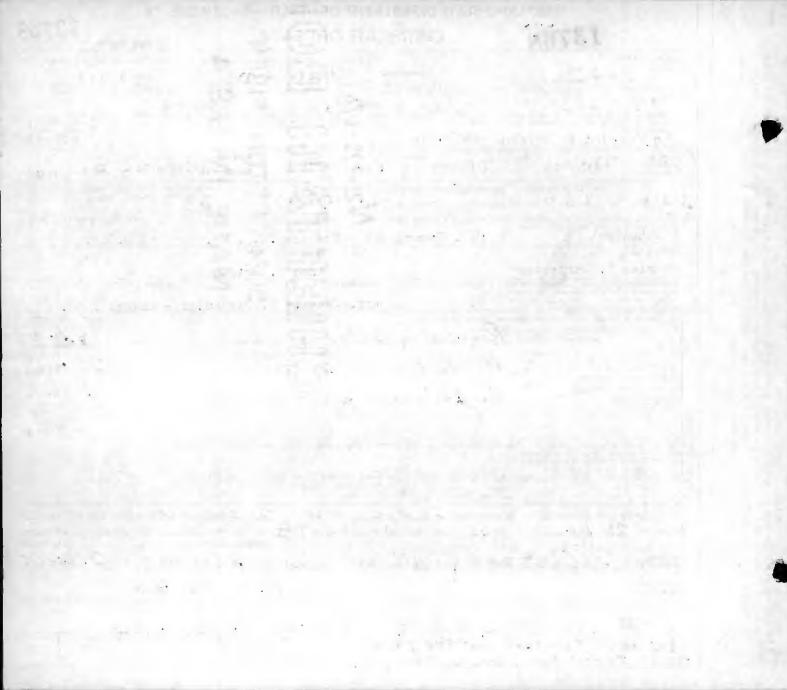
.Clarke Mattingley Leonardtown, Maryland

Circhar S. Krous



MARYLAN	ID STATE DEPAR	TMENT OF HEALTH	I-BAL1	IMORE, 1	8			
768	CERTIF	ICATE OF DEATH	4		Reg. D	st. No.	13	738
1=5	MARYLA	2. USUAL RESIDENCE (WHO	are deceased	lived. If institution b. COUNTY		nce befo	-	ion)
corporate limits, wri	ile c. LENGTH OF STAY IN	C, CITY OR TOWN (IF o	putside corpor	ote limits, write RU SGAH				1)
in haspital, give shi IEMORIA	. 11 5 015 00	d. STREET ADDRESS		2.0				FARM?
VTS First	DEWEYMiddle	CARPENTER	4. DATE OF DEATH	DECEM	BER	2		Yeor 19 40
1. 15	MARRIED NEVER MARRIED OWED DIVORCED	- CP / 10- / 15-61"	7	9. AGE (In years lost birthday)	Months	Days	Hours	Min.
kind of work done ven if retired)	U.S. Govern	industry 11. Birthplace (Stole tent Charles C		untry)		S.A		OUNTRY?
penter	16. SOCIAL SECURITY NO.	14. MOTHER'S MAIDEN N Sarah A.	IAME			9.8	•	
war or datus of service)	No	Mrs. Cecelia B	, Carp		Piaga		Md.	
CAUSED BY: TE CAUSE (v)  DUE TO	er line for (a), (b), and (c).]	Collague					ERVAL BE	
(b)	ligatardon	E injurction				2	8h	re
FICANT CONDITION	NS CONTRIBUTING TO DEATH	H BUT NOT RELATED TO THE TERM!	NAL DISEASE	CONDITION GIVI	EN IN PAI	RT 1(0) 1	9. WAS PERFO	AUTOPSY PRMED? NO
E OF DEATH EXAMINER)	DESCRIBE HOW INJURY OCC	URRED. (Enter nature of injury in I	Port I ar Part	II of item 1B.)				
w W	d. INJURY OCCURRED hile Not while work at work	De. PLACE OF INJURY (Hame, farm factory, street, affice bldg., etc.		or town)	(	County)		(State)
		eath occurred at 7.53		he causes and				
noon.	de Mi	M.D. Jares	ADDRESS (SIT	clinic	itote)	2	1 Da	E SIGNED
DATE THEREOF	M. Marie or const	Lar	nta.	Maryla				
(23/1960	Pisgah Met	hodist Cemetery		ON (City, town, o	-	d	(Stat	<b>b</b> }

VS A15 (4) 15M 9/58



13769 13739 CERTIFICATE OF DEATH Reg. Dist. No. filed withdirector, Page 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND death. b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pe RUBAL and give-gegrest town) P hours ofter e. IS RESIDENCE d, NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS ORANSTITUTION YES NO MOTIO 2 CD NAME OF Middle 4. DATE Month Day Year DECEASED DEATH (Type or print) NYEV 1960 IF UNDER I YEAR IF UNDER 24 HRS. 9. AGE (In years 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) Months Days Min. Haurs WIDOWED AT DIVORCED | 16a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)
during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? pop death. and -JYMCY carbon 12. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ofter physician certificate hours IS, WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give wer or dates of service) altending DELERYAL BETWEEN 18. CAUSE OF DEATH | Enter only one cause per line (a), (b), and (c).] ONSET AND DEATH 0 PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **DUE TO** þ Canditians, if any, which (b) gave rise to immediate DUE TO casse (a), stating the underlying cause last. burial-transit PART N. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 160 19. WAS AUTOPSY PERFORMED? remayal YES NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) the 5 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Haur a. m. While Nat while at work of wark D. m. conthot I lost saw the deceased 21. I certify that I attended the deceased from alive and and that death accurred at M, from the causes and on the date stated above. CTOR ADDRESS (Street div or lower stola DATE SIGNED de 9 ACTUAL prior should PHYSICIAN! registrar NAME (Type) TO FUNER ന 22a. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) poge REMOVAL [Specify] 12-60 ADDRESS 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR Ntt Funeral Home, Waldo Cirilway 2, Throng VS A15 (4) 15M 9/55 1 5 160

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

13770 CERTIFICATE OF DEATH

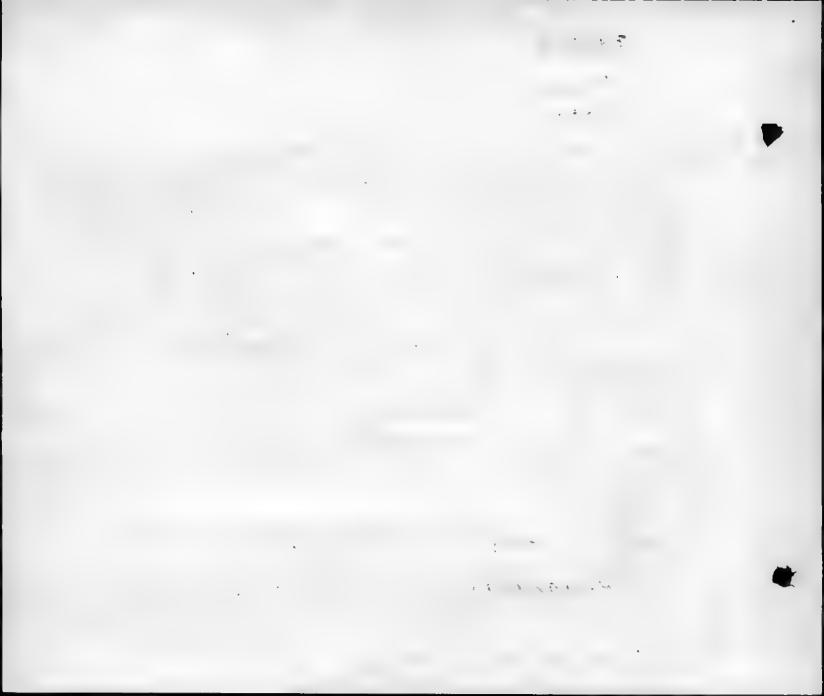
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1 PLACE OF DEATH	0 ,	MARYLAND	2 USUAL RESIDENCE o. STATE	(Where deceased lived.	f institution. Resident	ce before admission)
	NGV162		//	rid.	40	11/62
B. CITY OR TOWN RURAL and give	(If outside corporate limits, write newpest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporate limit:	, write RURAL and g	give nearest town)
La.	Plata		Walc	104.		
d NAME OF HOSP	PITAL (If not in hospital, give stre	et address)	d. STREET ADDRES	is a	1	e. IS RESIDENCE ON A FARM?
	ians Memor	ial Hosp.	Rt 2	130x 76		YES NO 🔀
NAME OF	First	Middle	Last	4. DATE	Month	Day Year
(Type or print)	INEZ	V.	DAVIS	OF DEATH	DEC	13 1960
5 SEX	6 COLOR OR RACE 7. MA	ARRIED NEVER MARRIED	8. DATE OF BIRTH	9 AGE	In years IF UNDER	TYEAR IF UNDER 24 HRS
Female		WED DIVORCED	TAN 7 19	726 34	yrs. Months	Days Hours Min.
		Db. KIND OF BUSINESS OR INDU	ISTRY . 11. BIRTHI LACE (S	State or foreign country)		IZEN OF WHAT COUNTRY
during most of wo	orking life, even if retired)	A	16.0	.1		U.S.A.
J. FATHER'S NAME	wife	OWN HOME	14. MOTHER'S MAID	Y L AND		V 1 J.# .
AA	M C		13. MOTTER 3 MAID	0.1		
MORRIS	MIC CREAM	) Y	ESIC	. Cole	non	
S, WAS DECEASED EV	VER IN U. S. ARMED FORCES? 1	16. SOCIAL SECURITY NO 17 II	NFORMANT	3.1	Address	
NO		A-	ATHUR DA	VIS, WAL	DORF, 1	N D
18. CAUSE OF D	EATH [Enter only one couse per	line for (o), (b), and (c).]	P			INTERVAL BETWEEN
PART I. DE	EATH WAS CAUSED BY. IMMEDIATE CAUSE (o)	Olympined	Carre	an erantosi	<	am/s
1701	DUE TO		C	ZYLYYYMA Y J.L.		1
Conditions, If	and which I	KCFM	4-150	20 1 20 1		11 VR:
gove rise to	(E)	000	Vanio			///
Lying couse lost	d the nudet-	U				
	_ ' (*)	IS CONTRIBUTING TO DEATH BU	I NOT PELATED TO THE I	FRMINAL DISEASE CONDI	T ON GIVEN IN PAR	T 1(a) 19. WAS AUTOPS
PART II.	THER STORAGE COMPENSION	3 CONTRIBOTION TO BENTILLED	. NOT RELATED TO THE T	CHINITIAL DISCUSS CONTEN		PERFORMED?
20 45510517.1	I ON D	COCOLOR MANUAL BUNDAY ACCURA		to Book I on Book III of the	101	YES NO
OR CONTRIBUTION	IG 🔲 CAUSE OF DEATH	ESCRIBE HOW INJURY OCCURRE	D (Enter noture of injur	y in Port I or Port II or the	NI FE J	
	FY MEDICAL EXAMINER)					
20c. TIME OF INJU			LACE OF INJURY (Home, scrony, street, office bldg.	form, 20f (City or town)	{0	County) (State
p. m	10	ile Not while	,,			
21 I cartify th	nat (II (this hasnital) atte	nded the deceased fram.	F-08-	1960 to Dec	13 19/	
	ased alive an Dez 1	<u> </u>	3 -	LISM, from the ca	7	
220 SIGNATURE	used office different 222	/ Ond Illor	debili bicorred dr	ZIE MI, ITAIN THE CO	oses und an me	22b DATE
1	Vauna.	Lean Both	M.D. PHYS.	MED. STAFF		SIGNE
22c PHYSICIAN'S	work	Jaroor	22d ADDRESS	DIRECTOR   PHYS	Ū.	
CMAME (Type)		JARBOE ,	MO I	Plate	Mad	
N. Alak Saraha	LAND CON CATE THERE OF	77,77,7500	720	lest toertion is		
BURIAL, CREMAT	ION, 236 DATE THEREOF	23c NAME OF CEMETERY	JR CREMATORT	23d LOCATION (CI	y. rown, or county)	(Stote)
BURIAL	12-16-61		Morial	WAL	DORF	MD.
24 FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS /	25a.		25b. REGISTRAR'S St	GNATURE
ILC HUN	tt Funeral H	one Waldorf	MC. DATE	DEC 2 2 60	1 11 -	0 40

TO HOSPITALOR ATTENDING PHYSICIAN: The law requires that the dwath certificate by executed within 24 hillurs after death. Tage may be rect.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove corban papers. Pages I and 2 should be filled with the State Board at Health prior to burial, ar emanal, and in any event, within 72 hours after death. VR A15 (4) 1SM 9/59

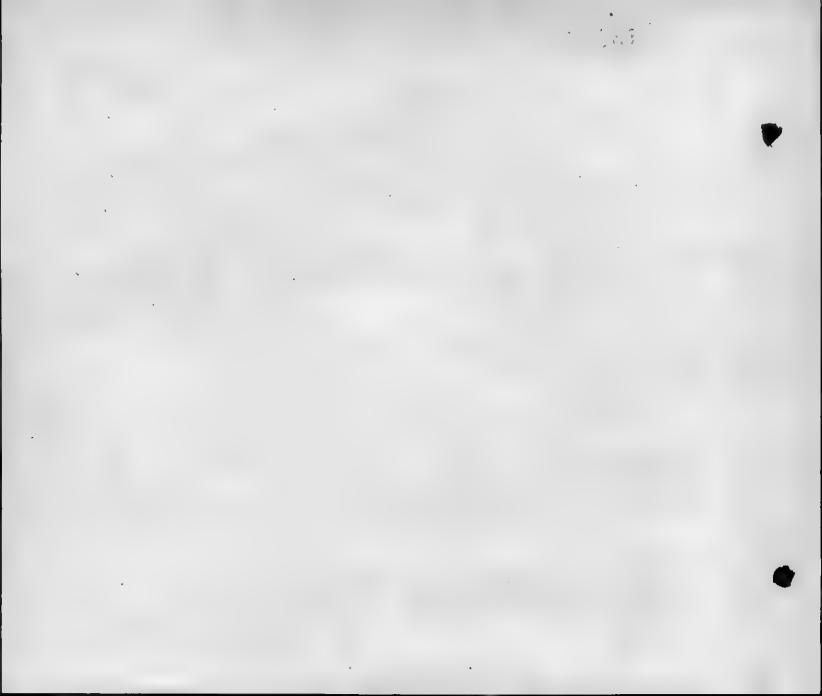
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exe.	70		7.3	771 ME	DICA	L EXAMINER	'S CERTIFICA	TE OF	DEATH	Reg. Dist. No	. 1274
essary, please exe Page 4 shauld be burial, cremation	-	1.	LACE OF DEATH				2. USUAL RESIDENCE,	(Where decease		-7	fare admission)
4 sh	4	L	Cha	rles		MARYLAN	a. STATE	ed.	b. COUNT	(C.160	releas."
Page burial		1	. CITY OR TOWN (If ou mind give negres) town)	riside corporate fimils, write	RURAL	c. LENGTH OF STAY IN 11	c. CITY OR TOWN	(If autside corpo	rate limits, write	RURAL and give r	earest lown)
Sess.		Ш	Hughesvil			17 yrs	X		trice h	Clare.	Cz.
y is no lirector	V	Ĺ	. NAME OF HOSPITAL	OR INSTITUTION (I	f not in hosp	ital, give stroet address)	d. STREET ADDRESS		()		on a FARM? YES NO
dela ral c itrar			NAME OF DECEASED	Firs	t	Middle	Lost	4. DATE OF	Month	Day	Year
une ya			Type or print)	Annie		ertrude	Dean	DEATH	12	11	4 1960
a Para Para Para Para Para Para Para Pa		5. 9	EX	6. COLOR OR RACE	7. MARRIEI	NEVER MARRIED	B. DATE OF BIRTH	5	AGE (In years lost of rihdox)/	Months Days	IF UNDER 24 HRS.
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offer dec , and 3 be refo		10a	USUAL OCCUPATION uring most of working	I (Give kind of work d live, even if retired)	lone 10b. KI	ND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Sio	ie ar fareign co	untry)	12. CITIZEN O	F WHAT COUNTRY
urs of 1, 2, may l	/	13.	FATHER'S NAME	0	1871		14. MOTHER'S MAIDEN	NAME		(	
5 8 m 0			V=6-1	bus I.	The	illiam.		3 3			
ive Pages ive Pages Page 5 i		15. (Yes	WAS DECEASED EVER	IN U. S. ARMED FOR yes, give war or dates of a	CES? 16. S	OCIAL SECURITY NO. 17.	Villiam L.	Junle	Huch	wille.	mid.
PA3			18. CAUSE OF DEATH		e per line f	(a), (b), and (c).]	n	<	1	INTE	RVAL BETWEEN ET AND DEATH
Per E				WAS CAUSED BY: AMEDIATE CAUSE (o)		RELLE / B	ED These	en A	Villan	a 12	-14-60
tea The Insi			나 나 2	DUE TO							
-tro			Canditions, if any								
hauld penci alang buria			gave rise to Immedia (a), stating the uncouse last.								
it i		Z Ö	PART II. OTHER	SIGNIFICANT COND	OITIONS COL	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINALDISEASE	CONDITION GIV	EN IN PART 1(a)	9 WAS AUTOPSY
		CATION									PERFORMED?
d "pen aminer" and be u		CERTIM	200. EXTERNAL CAUSE PRIMARY OF CONTICAUSE OF DEATH.	RIBUTING (	DESCRIBE	HOW INJURY OCCURRED.	(Enter nature of injury in Pa	art I or Part II o	f item 18.)		
INER: T the war lical Ex 3 shau		MFDICAL	20c TIME OF INJURY Hour a.m. p. m.	Month, Day, Yea	20d. IN While at war	Nat white fo	ACE OF INJURY (Home, far story, street, office bldg., et	20f. (City o	or town)	(County)	(State)
Page Page			21. I certify tha	l I taak sharge	of the re	emains described ab	ove, held an Autap	sy , Ins	pection .	Inquiry [2]	and find the
AL EX			death resulted for	3 -1 - 7	_		vicide [], Homicio		determined co	140.7	,
DIRECT OF THE	do		ACTUAL SIGNATURE	C/10	del	c en	M.D. CHIEF MEDICAL	-			DATE SIGNED
ore the converged FUNERAL			EXAMINER'S PARE (Type)	( )= .	1. 2	DELEN	ASSISTANT MEDI DEPUTY MEDICAL			17	1-14-6
Cute fary Fary	5 )	220	BURIAL, CREMATION, LEEMOVAL (Specify)	12/17/6	0	C. NAME OF CEMETERY C	R CREMATORY	22d. LOCATH	ON (City, lawn, o	r county)	(State)
	1 1	23.	FUNERAL DIRECTOR'S	SIGNATURE	-7	ADDRESS.	24a. REC	D BY REGISTR	AR 24b. REGIS	TRAR'S SIGNATU	RE
VS. A15ME(5) SM 9/58		1	Melaiki, S	Hallen	ly of	-constitutions	LA DATED	FC 2 0/60	N C	ing & then	4



#### AND STATE DEPARTMENT OF HEALTH AND RECORDS, 301 BALTIMORE 1. MARYLAND **EXAMINER'S** TH DEPT I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if inspect adm ssion) B. COUNTY e. STATE b. COUNTY MARYLAND b. CITY OR TOWN (I outside corporate lim is, LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs de porporate limits, write RURAL end give rest town) d. NAME OF HOSPITAL OR INSTITUTION (of not in hospita, give street eddress) e. IS RESIDENCE ON A FARM? be retained State YES NO hours after death. It any de ages 1, 2, and 3 to the fund 3. NAME OF 4. DATE Mosth Dev Year DECEASED OF the (Type or print DEATH end 2 with 5. SEX AGE (In years I.F UNDER YEAR IF UNDER 24 HRS. last birthday) Days. WIDOWED USUAL OCCURATION (Give kind of work 106 KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? Page done during mast of working life, even if retired in pencil in Item 18. Give Pages pages 1 within PM3. 13. FATHER'S NAME 1/14. MOTHER'S MAIDEN N FOL 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECUR TY NO. permit. (Yes, no, gr uhkown) | (Ifyesgivewarordatesofservice) Office along with none SUY This certificate should be executed 18. CAUSE OF DEATH [Enter only one cause per line for INTERVAL BETWEEN 2 burial-fransit ONSET AND DEATH DEATH WAS CAUSED BY and IMMEDIATE CAUSE (a) DUE TO removal, Conditions, if eny, which (b) "pending" geve rise to immediate cause 60 Examiner's DUE TO 35 (a), stelling the underlying cause lest. pesa cremation, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 6., 19. WAS AUTOPSY CERTIFICATION PERFORMED? 8 ease execute the certificate, writing the word Medical YES NO plnods are the cermine of the Chief means of the DIRECTOR. Page 3 should be also buriel, or 20e. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of item 18.) PRIMARY ( or CONTRIBUTING | EDICAL EXAMINER: CAUSE OF DEATH. 2Dd. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Stella) factory, street, office bldg., etc.) While Not While Hour a.m. at work at work p.m. 21. I certify that I took charges of the remains described above, held an Autopsy inspection and in my opinion death resulted from Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL 1 SIGNATURE EXAMINER'S DEPUT should 1 NAME (Typa) 226. NAME OF CEMETERY OR CREMATORY 22a, BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, lown, or country) REMOVAL (Specify) La Plata . Maryland Cemetery 400 Sacred Heart 0 Burial 23. FUNERAL DIRECTOR 246. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE VS. A15ME 6000



#### Page files. Health, State the 5. SEX P. Office CERTIFICATION 70 0 FUNERAL O DEPUT plnods

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VS. ALSME

5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

STREET, BALTIMORE 1, MARYLAND

2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before admission) 1. PLACE OF DEE e. COUNTY MARYLAND RATHES WN (If outside corporate I m ts, write RURAL and give nearest town) C. LENGTH OF STAY IN 16 INSTITUTION (if not in hospital, give street address) IS RESIDENCE ON & FARM? YES NO 3. NAME OF Middle 4. DATE DECEASED OF (Type or print) DEATH AGE (in veers IF UNDER YEAR 7. MARRIED THEVER MARRIED lest birthday) Months Days Hours WIDOWED [ D. VORCED -OCCUPATION (Give kind of work 106, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? most of working life, even if retired) 13. FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (If yes give we ror defes of service) 18 CAUSE OF DEATH [Enter only one cause per lune for (e), (b) And (c).) PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which geve rise to immediate couse DUE TO (a), stelling the underlying cours lest. PART II. OTHER SIGNIF CANT COND. TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON G. VEN IN PART 1 ... 19. WAS AUTOPSY PERFORMED? NO 20e EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of Item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20d. INJURY OCCURRED , 20e. PLACE OF INJURY (Home, farm, 20f. (City or fown) 20c, TIME OF INJURY Month, Day, Year (County) (5hrte) fectory, street, office bldg., etc.) While Not While Hour a.m. ef work et work 21 I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry | and in my opinion Suicide death resulted from tural couses Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER [ ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE **EXAMINER'S** NAME (Type) Address (Street, city, fown, or county) 226. BURIAL, CREMATION, REMOVAL (Specify) Dunak. 23. FUNERAL DIRECTOR 24e. REC'D BY REGISTRAR I DATE DEC 1 9 '60 Samest matthey 1 3619-14" 8, n.y. bash, 170



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Rasidance before edmission) e. COUNTY our files. a. STATE **b.** COUNTY CHARTES MARYLAND Maryland Charles b. CITY OR TOWN (if outside corporeta limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) write RURAL and give nagrest town) GRAYTON (rural) life Grayton d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? refained he State B YES NO [ First 3. NAME OF Middle 4. DATE DECEASED OF (Type or print) SERAH LOUISE GASSAWAY 19 60 DEATH DECEMBER with rs afte 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthdey) Months Hours EN WIDOWED DIVORCED [ 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BHITHPLACE (Slate or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired) Give P. Give P. Vie pag 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ARTHUR GASSAWAY BERTHA HENSON 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgive war or detes of service) FATHER, GRAYTON, MD. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) Prob. Pneumonia 2-2-160 Office a DUE TO Had minor respiratory ailment for 2 days Conditions, if any, which gave rise to immediate cause v 10 **DUE TO** 35 (e), stelling the underlying cause last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART 1(8) 19, WAS AUTOPSY CERTIFICATION PERFORMED? Found dead in bed at 2 A.M. on 12-2-160 NO 4 20m EXTERNAL CAUSE WAS 20b. DESCRISE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of itam 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. the Chief I R: Page 3 s ior to buri 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, Month, Day, Year 2Df. (City or town) (County) (State) fectory, street, office bldg., etc.) While Not While OR: P et work of work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection XI. Inquiry X and in my opinion DIRECTO death resulted from. atu at Zauses X Accident [ Suicide Undetermined manner Homicide CHIEF MEDICAL EXAMINER ACTUAL lease execute should be for FUNERAL I ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER 12-2-160 EXAMINER'S DEPUI J.EDELEN NAME (Type) Address (Street, city, town, or county) 226, BURIAL, CREMATION, 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) (State) REMOVAL (Specify) 0409 23. FUNERAL DIRECTOR ADDRESS 24s. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME Circhar S. House

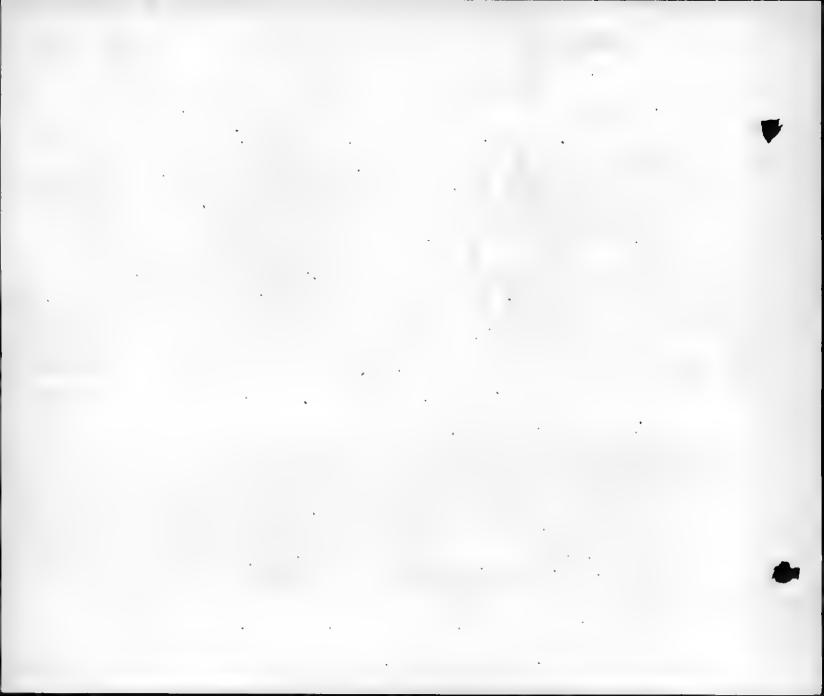


**CERTIFICATE OF DEATH** Rea. Dist. No. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND b CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c <u>CITY OR TOWN</u> (If outside corporate limits, write RURAL and give nearest fown) **SURAL** and give nearest town) d NAME OF HOSPITAL (If not in hospital, give street address) IS RESIDENCE OR INSTITUTION ON A FARM? YES NO NAME OF (Type or print) B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED THEYER MARRIED 9. AGE (In years last birthday) Months Days Male WIDOWED | DIVORCED [ 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, eyen-if retired) 12. CITIZEN OF WHAT COUNTRY? Mailman - tarn 13. FATHER'S NAME physician WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. INFORMANT attending edze please CAUSE OF DEATH [Enter only one cause per Jing for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Then MMEDIATE CAUSE (d) the **DUE TO** ģ Conditions, if ony, which been signed gove rise to immediate per **DUE TO** cause (a), stating the underlying couse lost burial-transit OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 17, WAS AUTOPSY PERFORMED? has YES NO P 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) Year 20d INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) While Not while of work of wark 19 A Ahat I last saw the deceased 21. I certify that I attended the deceased from a \_, and that death accurred at 1200 2M, from the causes and on the date stated above. ADDRESS (Street, city or lown, state) ACTUAL RLUCOD SIGNATURE FUNERAL I PHYSICIAN'S NAME (Type) 220 BUR AL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or county) (State) Nanjemoy Baptist Church Nanjemoy , Maryland 0 23 FUNERAL DIRECTOR'S STUDIATURE **ADDRESS** 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) arthur S. Know DATE DEC 3 0 '60 Archart Funeral Home . Inc. - La Plata . Md. 1SM 9/SB

that the death

requires

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



**BALTIMORE 1, MARYLAND EXAMINER'S** 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whare dacaesed lived, if institution; Residen e. COUNTY files. Health, Page a. STATE b. COUNTY PL. MARYLAND b. CITY OR TOWN (if outside corporate I mits, ector. c LENGTH OF STAY IN 16 c. CITY OR TOWN (If oulside corporate limits, write RURAL and give nearest town) your wruta BURAL and give nearest town) d. STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straet address) a. IS RESIDENCE ON A FARMS State retained YES TO NO TO and 3 to the fune death. 3. NAME OF DATE Middle DECEASED OF the (Type or print) DEATH hek 6. COLOR OR RACE 7. MARRIED 5. SEX AGE (In years | IF UNDER 1 YEAR NEVER MARRIED age 5 may 1 and 2 wi 72 hours last bishday) Months Days WIDOWED DIVORCED 1De. USUAL OCCUPATION (G ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY Page done during most of working life, even if retired) 8. Give Pages pages 1 Office along with form PM3. burial-transit permit, File page FATHER'S NAME This certificate should be executed within EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFOR (Yas, ng, or unkown) (Ifyasgivawerordalasofservica) in pencil in Item 1 any 1B. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: and IMMEDIATE CAUSE (a) DUS-TO removal, gave rise to immediata cause "pending" FO DUE TO (a), stating the undarlying Examiner 25 causa last. used cremation, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 118- 19, WAS AUTOPSY CERTIFICATION PERFORMED? 2 ease execute the certificate, writing the word NO Medical pluods DEPUT please execute the certificant of should be forwarded to the Chief man of Funeral DIRECTOR: Page 3 should be signated agent, prior to burial, cr 2De. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of murry in Bert I or Part II of Itam 18.) PRIMARY CONTRIBUTING CAUSE OF DEATH CAL 2Dd, INJURY OCCURRED 200, PLACE OF INJURY (Home, farmy 2Dc TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (State) factory, streat, office bldg., etc.) Not While el work Hu SCC. 21. I certify that I took charge of the remains described above, held an Autopsy and in my opinion death resulted from. Accident | Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Typa) Address (Street, city, lown, or county) 22a, BURIAL, CREMATION, NAME OF CEMETERY OF CREMATOR 22d. LOCATION (City, fown, or country) REMOVAL (Specify) Ö 40 AL ā 24s. REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE VS. A15ME 5 '60 5M 7/59

LAND STATE DEPARTMENT OF HEALTH



YLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH **BALTIMORE 1, MARYLAND** MEDICAL EXAMINER'S 1. PLACE OF DE 2. USUAL RESIDENCE (Where daceased livad, If Institution, Registance before edmission a. COUNTA Health, a. STATE b. COUNTY files. MARYLAND c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outs de corporete limits, write RURAL end give neerest town) ON A FARM? retained he State E YES NO 3. NAME OF 4, DATE Middle Month Dey DECEASED OF 1 and 2 with the 72 heurs after (Type or print) DEATH 6. COLOR OR RACE AGE (In yours IF UNDER I YEAR 5. SEX 2 with 7. MARRIED Months ( Days WIDOWED 10a USUAL OCCUPATION Give kind of work done during most of working life, even if retired) 106, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 0 pages | within FATHER'S NAME 14. MOTHER'S MAIDEN NAM WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16 SOCIAL SECURITY NO. 1 17. THEORY AN inkown) | (Ifyesgive war or deles of service) 18. CAUSE OF DYATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) & Office removal, NOFRAC SKULL burial Conditions, if any, which 10 DUE TO (a), stating the underlying PART I., OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I.01 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 0 200. EXTERNAL CAUSE WAS 2Db, DESCRIBE HOW INJURY OCCURED, (Enler neture of injury In Pert I or Pert II of item 18.) PRIMARY or CONTRIBUTING CAUSE OF DEATH. Chief the Chie R: Page 20d. INJURY OCCURRED. 20e. PLACE OF INJURY (Homa, farm. 2Df. (City or town) 20c. TIME OF INJURY 五 (County) (Sleta) fectory, streat, office bldg., alc.) 2 at work OR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion 0 should be forwarded FUNERAL DIRECT death resulted from Suicide Homicide Undetermined manner Accident CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED designate SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S DEPUT plnous NAME (Type) Addrass (Street, city, town, or county) BURIAL, CREMATION. 22d, LOCATION (City, lown, or country) MOVAL (Specify) 40 FUNERAL DIRECTOR 24e VS. A15ME 5M 7/59



VR A15 (4) 15M 9/59

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATLE

CERTIFICATE OF DEATH	
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CERTIFICATE OF DEATH	в

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1		PLACE OF DEATH S. COUNTY	S		MA	RYLAND	2. USUAL RESID o. STATE	ENCE (Wh	ere decease	d lived. If institu b. COUNT		nce befo	re admis	sion)
			Charles				M	d.		C	harle	3		
	ŀ	CITY OR TOWN (IF RURAL and give ne Waldorf	outside corporate limi arest town)	ts, write	c. LENGTH OF STA	AY IN 1b	CITY OR T	,	utside corpo ldorf	orate limits, write	RURAL ond	give ned	prest fow	n)
ľ		. NAME OF HOSPITA	AL (If not in haspital, g	ive street c	iddress)	1	d. STREET A	DDRESS				ì	e. IS RE	SIDENCE
		OR INSTITUTION	none										YES [	NO (A)
	3. [	NAME OF DECEASED	Fir		Midd	lle	Last		4. DATE	Mc	on th	Do	ıy	Yeor
	(	(Type or print)		Edith		aws			OF DEATH		mber :		*	19
	5. 9		6. COLOR OR RACE	7 MARRI	ED 🔲 NEVER MAR	RIED [2]. B.	DATE OF BIRTH	- ( C	عدر جمود	9. AGE (in year last birthday)		R 1 YEAR Days	Hours	ER 24 HRS
		F	M	WIDOWE	D DIVOR	CED 🔲	Aug. 2	8,10	35	75 yr		bujs	110013	Min.
	10o	during most of worki	N (Give kind of work ing life, even if retired	done 10b. I	CIND OF BUSINESS	OR INDUST		CE (Stote	or foreign c	country)	12. CI1	USA	FWHAT	COUNTRY?
	13.	FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME		-			
		Sar	muel Laws				t	JNK						
	15.		IN U. S. ARMED FOR		OCIAL SECURITY N	10. 17 INF	ORMANT			Ad	dress			
	Į140	no, or unknown] [1	f yes, give wor ar dates of s	5	78-44-3E	44 13	rs. T.	H. Me	dley	Wald	orf,	Md.		
			TH [Enter only one co	use per lin	e-for (a), (b), and (	c).]	4							ETWEEN DEATH
- 1		PARI I. DEA	H WAS CAUSED BY	XX	EUHONIA	KKI	THUIND						1	
		260	DUE TO	0.	1							1	lea	10
-1		Conditions, if on gove rise to in		1749	PORED	101190						-	4	
		cause (o), stating t			1) is	1								
	z		ER SIGNIF CANT CON	DIT ONS C	ONIDIBLIT NG TO	DEATH BUT N	OT PELATED TO	THE TERMI	NAL O SEAS	SE CONDITION G	IVENI INI PA	PT I(a) 1	IO. WAS	AUTOPSY
	CATIO	,	ER DOMIN CONT.	011 0143 <u>C</u>	011-1110111101101	<u> </u>	01 8104100 10	THE TERM	MALD JIN.	J. CONDINION O	175111111	K1 7(0)	PERF	ORMED?
	CERTIFICATION	200 ACCIDENT WAY OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING []  CAUSE OF DEATH MEDICAL EXAMINER)	20b DESC	RIBE HOW INJURY	OCCURRED	(Enter nature a	finjury in 1	Part I ar Pat	rt It of Hem 18)				
	MEDICAL	20c. TIME OF INJURY Hour a.m. p. m	Month, Day, Ye	While	Not white		E OF INJURY (I			y or town)		(County)	_	(Stote)
		21 I certify that	(I) this hospital	attend	ed the decease	d fram	TUT	4 12	tak	66-18	19	2C. 16	not (1)	(we) last
		saw the decease		18	1		ath accurred	1 at 2_	M, fram	the causes a			-62.54	
	100	226 SIGNATURE											2	2b.DATE
ť	-		5	1		М	D PHYS.	MI MI	ED RECTOR []	STAFF PHYS.		12-	20.	- SIGNED
		77C PHYSICIAN'S NAME (Type)					22d. ADDRE	SS					-	
			George We	ber M	.D.		W	aldor	f, Md					
	<b>23</b> a	BURIAL, CREMATION	N. 236 DATE THEREC	)F	23c NAME OF CE	METERY OR	CREMATORY		23d LOCA	TION (City, fown	or county)		(Sta	ite)
		REMOVAL (Specify) Burial	12 21 60		St. Pet	ers Be	metery		Waldo	rf, Md.				
	24.	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS				D BY REGIS	TRAR 256 REC	SISTRAR'S S	IGNATU	RE	
3		Huntt Fu	neral Home		Waldorf,	Md.		DATE DE	26271	60	Lithur &	. that	uc	



# OR ATTENDING PHYSICIAM: The low requires that the death certificate be executed within 24 hours after death. Page 4 funeral director, ould be filed with may be retained by the hispitat or attending physician. TO FUNERAL CTOR: After this certificate has been signed by the attending physician and completely filled in the page 3 shauld be detached for use as the burial-transit permit. Then please remaye corban papers. Pages 1 and the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours ofter death. TO HOSPITAL

iv.

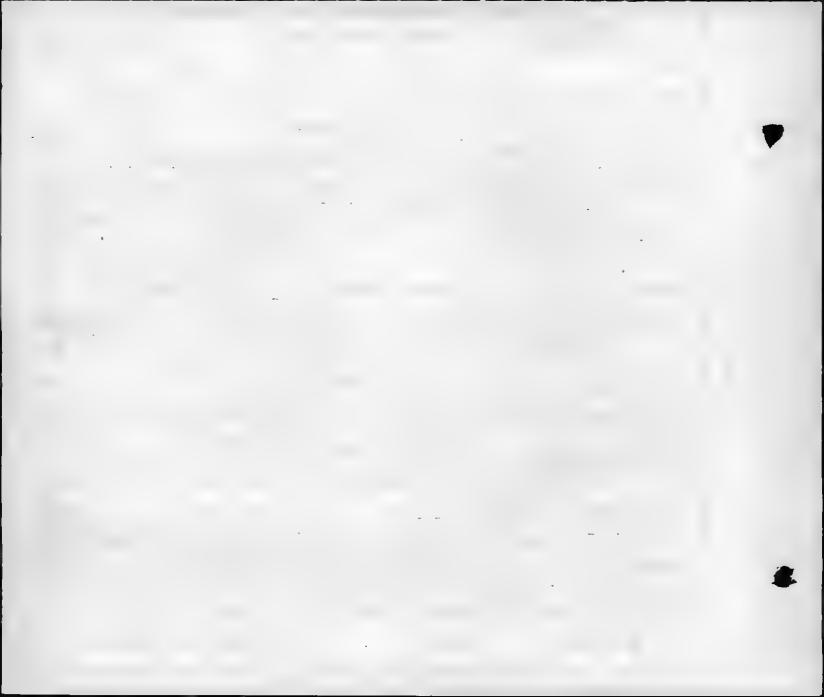
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13778 CERTIFICATE OF DEATH

Reg. Dist. No. 12748

Charles	MARYLAND		ere deceased tived If institut  Charles <sup>b. COUNTY</sup>		efare admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) LaPlata Md e	utside carporate limits, write l	RURAL ond give	nearest tawn)		
d NAME OF HOSPITAL (If not in hospital, give street Physicians lemorial H	osp.LaPlata	Id Indian H	verview Vil ead Md	lage	e. Is residence On a farma YES NO
3. NAME OF DECEASED (Type or print) Ruth Margeret I	Manes Middle	Last	OF XXXH26M	r <sup>th</sup> 12-29	Dos Year
Female W-US WIDOW:	ED DIVORCED	12-30-97	9 AGE (in years 62 birthday) yrs	Months Day	AR IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired) House-Wilfe	KIND OF BUSINESS OR INDU	Pennsylv	or foreign country) ania	USA	OF WHAT COUNTRY?
David O. Crouch		Missouri	Goodhart		
first me ar unknownt . III was mine was as dates of consent		NFORMANT Jadge Manes-	Daughter Add	dress .	
18. CAUSE OF DEATH [Enter only one couse per li  PART 1. DEATH WAS CAUSED 8Y:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if ony, which gave rise to immediate covice (a), stoling the under:  DUE TO		r,Primary		1	NTERVAL BETWEEN NASEJ AND DEATH THE CITYLE NOTE THE COMMENT NOTE THE COMME
1ying couse last.   (c)				VEN IN PART I(o)	19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING 1 CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRI	ED. (Enter nature of injury in P	art I or Part II af item 18 )		
Havr a.m. While	k at wark	LACE OF INJURY (Home, form, ictory, street, affice bldg., etc.		(Count	ty) (State)
21. I certify that I attended the decease alive an 12-29-60 . 19-20 .	and that death	occurred at 3-321	M, fram the causes of ADDRESS (Street, city or town,	and an the c	saw the deceased date stated above. DATE SIGNED
220. BORIAL, CREMATION, 22b. DATE THEREOF PENOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE	22c. DIAME OF CEMETERY C	Watt Cem.	alling to	n. Vin	(State)
Archart Funeral	Towne-Tab.	lata, Di DATE	N 3 '61 -	istrar's signat	rure

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EDICAL EXAMINER. This certificate should be executed within 24 hours after death. If eny differencessary,	cert	ded	CH	dec
ED	Pe	Wal	OIR	ě C

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

2 And a
1. PLACE OF DEATH  COUNTY  MARYLAND  2. USUAL RESIDENCE (Where decessed lived, If institution, Postder college and ression)  B. STATE  MARYLAND
b CITY OR TOWN (If outside corporate I mits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If diside corporate I mits, write RURAL end give neerest fown)
d. NAME OF HOSPITAL OF INSTITUTION IN PROSPITED, DIVE STEEL ADDRESS OF STREET ADDRESS
(Runal)   Runal YES [ NO ]
3. NAME OF Erst Modile Lest 4 DATE Month Day Year OF DECEASED (Type or profit) DA A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
5. SEX  6 COLOR OR RACE 7. MARRIED NEVER MARRIED TO 8. DATE OF BIRTH  9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS.  9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS.  9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS, OR INDUSTRY 11. BIRTHPLACE (State or foreign country)
done dering most of working life, even if refired) On farm. Md LL 84 21. BM-  13. FATHER'S NAME
DAWIEL MANSHAU CONSONE MINUSCO
15. WAS, DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. TV. INFORMANT  [Yes, pro. for Ankown] (If yes give were or defees of service)
Inknown, Enthill Extery, At The
18. CAUSE OF DEATH (Enter only one cause per line for left,b), and (c).]  PART I. DEATH WAS CAUSED BY:  ONSET AND DEATH  ONSET AND DEATH
IMMEDIATE CAUSE (a)
Conduions, if any, which (b)
gava rise to immediate cause  (a), slating the underlying  DUE TO
causa lasi. (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1181 19. WAS AUTOPSY PERFORMED?
YES NO DE
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 110 19. WAS AUTOPSY PERFORMED?  YES NO PRIMARY OF CONTRIBUTING CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Pure 19
21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry and in my opinion
death resulted from: Majurel causes . Accident . Suicide . Homicide . Undetermined manner .
CHIEF MEDICAL EXAMINER
SIGNATURE D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
EXAMINER'S DEPUTY MEDICAL EXAMINER Address (Street, city, lown, or county)
228. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State)
Burial Dec-20-1960 National Harmony Memorial Park Washington, D. C.  23. FUNERAL DIRECTOR 246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
John T. Rhines & Co. 3015 12th Street, N. E. DATE DEC 22'60 Catter & Kinne



v 1	MARYLAND STATE DEPARTMENT OF HEALTH
FOR STATE	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
HENLIN DEPT	1. PLACE OF DEATH 1. USUAL RESIDENCE (Where deceased livad, if Institution; Resistance believe out a ssion)
28 E	a. COUNTY ( ) b COUNTY ( )
Files Heal	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b.) c. CITY OR TOWN If outside corporate/limits write RURAL and give present town)
acto your	writer RAL and give necess town ( fulled) hitis ( fulled)
Soar A	d. NAME OF HOSPITAL OR INSTITUTION IT not in hospital, g ve street eddress) d STREET ADDRESS
del ned afe	YES NO
the fur retain te Sta deat	DECEASED A LIVE OF
be the street	5 SEX 4 [6. SOLOR OR RACE] 7. MARRIED TO NEVER MARRIED F) 8 DATE OF BIRTH 19. AGE (In years I IF UNDER I YEAR IF UNDER 24 HRS.
may may 2 wirs	WIDOWED DIVORCED 3-31-91 Lost birthdey) Months Deys Hours Min.
after 5 and 2 ho	10a. USUAL OCCUPATION (Give kind of work done during most of world frequency) 11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WORAT COUNTRY?
ours Pag Pag in 7	- Nil-to I will the torky Md-
PM3.	13. FATHER'S MAJOEN NAME  14. MOTHER'S MAJOEN NAME  14. MOTHER'S MAJOEN NAME
i≘iÖ E i €	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (16 SOCIAL SECURITY NO.) 17, INFORMANT  Address
Net For	(Yes, ho) or unkown) (Hyes give wer or deles of service) 37721 3214/ER + 440 Di GC 211 Fill 111 16
lient with the per n an	18. CRUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]
exe in in inological inological	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)
d be pend ice a ial-tr	260 X DUETO 12-17-6
Pud Pud	Conditions, if any, which (b)
ding ding her's as a	(a), stating the underlying DUETO
† fica pen camii rsed on, c	Cause lest. (c)  PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 . 19. WAS AUTOPSY
ord	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 • 19. WAS AUTOPSY PERFORMED?  YES NO DESCRIBE HOW INJURY OCCURED. (Enfor nature of injury in Part 1 or Part II of Jalem 18.)  PRIMARY OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBU
edicional	20b. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of stem 18.)
MER of the 3 sh urial,	
Chilified of the control of the cont	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF NJURY (Home, farm, 20f. (C.ty or town) (County) (Stete)  Hour e.m. While Not While st work at work at work
EX.	p.m. 19 of work at work   21. I certify that I took charge of the remains described above, held an Autopsy   Inspection   Inquiry and in my opinion
AL I	death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner
DIC arden	CHIEF MEDICAL EXAMINER
in DIRECTOR ASSOCIATION ASSOCI	ACTUAL SIGNATURE CALCULATION ASSISTANT MEDICAL EXAMINER DATE SIGNED
F 7 8 5 6	EXAMINER'S DEPUTY MEDICAL EXAMINER
	NAME (Type)  Address (Street, city, town, or county)  226. BURIAL, CREMATION (City, town, or country)  Address (Street, city, town, or country)  (Stete)
O DE Sho or its	REMOVAL (Specify) 12-23-60 Plans + fam a Control b - all - b
VS. A15ME	23, FUNERAL DIRECTOR ADDRESS   246. REC'D BY REGISTRAR   246. REGISTRAR'S SIGNATURE
5M 7/59	troinstitute + Co. 305-H St. N. W. DATE DEC 28'60 arthur & thome
	WASH, I, DC,



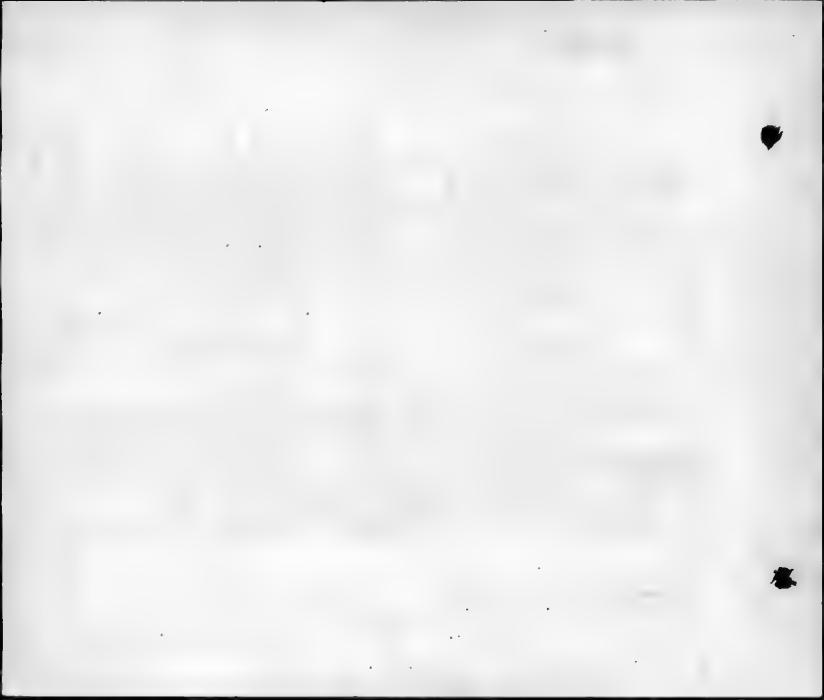
VR A1S (4) 15M 9/59

	MARYLAND STATE DEPARTMENT OF HEALTH
1900	"DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
19/8	DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

		- 12 M		CERTIII	CAII	. OI DEAIII					275	7
1	PLACE OF DEATH				2	USUAL RESIDENCE (Wh	nere deceases		an Residenc	e before	e adm ssic	30)
charles MARY				AND	o. STATE Maryland L. COUNTY Charles							
b. CITY OR TOWN (If outside corporate limits, write   c LENGTH OF STAY IN 1b					ч 1ь	GITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)						
	RURAL and give nec	La Pla	ata			La Plata						
d. NAME OF HOSPITAL (If not in hospital, give street address)						d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?						
Physicians demorial Hospital						<i>)</i>					YES T	
3	NAME OF	Fir	-	Middle		iost	4. DATE	Mon	th.	Day		ear
(Type or print)				Girl		Moore	Dec. 12, 190					
S SEX		6 COLOR OR RACE 7 MARRIE		ED NEVER MARRIED [X] B		ATE OF BIRTH		9 AGE (in years IF UNDER 1"			YEAR IF JINDER 24 HRS	
Female		W.	WIDOWED DIVORCED		_	12-12-60	fast birthday) Man		Months	Days	Hours	Min
100						Y 11. BIRTHPLACE (State	ar fareian a		12 CITE	ZEN OF	WHATCO	DUNTRY?
during mast of working life, even if re			)	Infant							ISA	
12	FATHER'S NAME	,		Tittgile		Mary 1:				U	SA	
1.3.		and Local	. Man	22.0								
Sherwood Leslie Moore Lois Flater Bowie  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address												
		IN U. S. AKMED FOR f yes, give war or dates of s		No	17, INFL		-			201		
_	no			NO		Mrs. Lois	Moure	ъа	Plata	, Mo		
CERTIFICATION	The state of the s									INTERVAL BETWEEN ONSET AND DEATH		
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) CONCOCO											
	D d a put to											
	Conditions, if any, which gave rise to immediate cause (a), stating the under-									110	10 min	
	gave rise to immediate DUETO another to the											
	lying cause lost.											
												UTOPSY
											PERFOR	RMED?
	YES NO [ 20a ACC DENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B)											
ERT	OR CONTRIBUTING	□ CAUSE OF DEATH	200 0630	KIDE HOW HADRI DC	CORRED.	ciner noidre di miory in	r gir r di r di	,				
		<u></u> .		WIND - COURSES C	M. DIAC	F OS INTERPY (III Serve	. Tank ich					(51 - 1 - 1
MEDICAL	Hour a.m.	Manth, Day, Ye	ar 20d. IN While	UURY OCCURRED 2	factai	E OF INJURY (Hame, farm y, street, affice bldg., etc	i, 207 (Cit)	y ar tawn)	10	County)		(State)
ME	p m. 19 al wark al wark											
	21. I certify that (1) (this hospital) attended the deceased from 12/12/60, 19, to 12/12/60, 19, that (1) (we) last											
	sow the deceased alive on 2000 1900, and that death occurred all 5000, from the causes and on the date stated above											
	220 SIGNATURE 22b DATE											
	& ( woodd					M.D. ATTENDING MED STAFF   3 D. e. 19 50 NED						
	PHYSIC AN S NAME (Type)					72d ADDRESS						
	NAME (Type)	A. O. Wood	ldy, N	I.D.		La	Plate	a. Md.				
230	BURIAL CREMAT OF	N. 23b DATE THEREO	OF .	23c. NAME OF CEME	TERY OR (	REMATORY	23d LOCA	TION (City Iown,	ar county)		(Stote	)
	REMOVAL (Specify)	12/15/19				al Gardens	1	aldorf ,		land	12.3.0	
24	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS			D BY REGIS		STRAR'S SIC		E	
			. Inc	La Pla	ta.		2 0 '60		hun 8. 9			
-	201010	2018	,		,	T- DEV	1 2 0 0					
	-7 - 4 -	1 - 1										



13						TATE DEPA						18		
FOR STAT	E		137	782 ME	DICA	LEXAMI	NER'S	CERTIF	CATE	OF	DEATH	Reg. Dist.	. No.	1375
HEALTH DE	PT.	1. PLAN	CE OF DEATH	98			RYLAND		DENCE (Where		d lived. If institut	ion: Residence		aquist ou)
ory ple	1)	b. CI	TY OR TOWN (It outs and give nearest fown) AQUASCO		Pulta.	c. LENGTH OF ST		c CITY OR T		ide carpo	prote limits, write l			st town)
and dree	2	d. N	AME OF HOSPITAL C	OR INSTITUTION (III	f nat in hosp	pital, give street add	iress)	d. STREET AD						IS RESIDENT ON A FARM ES-F-I NO F
delay i e funer retaine e State r death.			ME OF EASED or print)	Firs Willi		obert Mo	relan	Loui		DATE OF DEATH	Month		Doy	Year 19
If ony 3 to th may be with the		5. SEX	6.	COLOR OR RACE	7. MARRIE		_	DATE OF BIRTH			9 AGE (In years feet Justiliday)		EAR IF L	UNDER 24 HR
death. 2, and 2, and 2, and 2 and 2		10a. US	UAL OCCUPATION ( ig most of working life TIMEN	Give kind of work de, even if retired)				Y 11 BIRTHPLAC		oraign co	- y12	12. CITIZE		L HAT COUNTR
M3. P. Withir			HER'S NAME	١٨ .		T 447 Bire ()		14 MOTHER'S M			- 4		I.A	
24 hour Sive Pa form P File po y event		(Yes, no,	S DECEASED EVER IN	NU. S ARMED FOR		OCIAL SECURITY N	10. 17. IN	FORMANT	ary C.	Bu	rch Address		-	
hould be executed within " in pencil in Item 18. miner's Office along with a a buriol-transit permit.  on or removol and the arms on, or removol and the arms.		18.	CAUSE OF DEATH (  PART I. DEATH W. IMM  anditions, if ony, verise to immediate on the under the	AS CAUSED BY: (EDIATE CAUSE (o)  DUE TO  which  couse	sa per l'ne f	(1) (b), and (c)	Ž.	obert A.	Morel	and	Waldo	Ī	interval a constraint	112 NVEDN D DEAT + - 12
erificates I "pending edical Exa be used at I, crematic		CERTIFICATION V3 4 500	PART II, OTHER S  EXTERNAL CAUSE Y MARY OF CONTRI USE OF DEATH.	WAS 206		HOW INJURY OCC		. , .				N IN PART 1	(o) 19. W PE YES [	RFORMED?
INER: This c ng the word he Chief Me je 3 should ior to buria			USE OF DEATH.  TIME OF INJURY  Hour o. m. p. m.	Month, Day, Year	White	Not white	factor	E OF INJURY (Ho y, street, office b	me, form, (20 ldg., etc.)	Of. (City o	or fown)	(County	r)	(State)
ficate, writing and address of the property of		<b>с</b> р	. I certify that sinion death reservations	. /	latural c	and the same of th	cident [	], Suicide	, Ham	nicide	7-000		nner [	and in m
the	3¢ ;	EX	AMINER'S	ard J. E				ASSISTANT	DICAL EXAMII F MEDICAL EX EDICAL EXAM	CAMINER		,	2	19-1
TO DEPU	-	220. BU RE bu	IRIAL, CREMATION, MOVAL (Specify)	12-2-4		ST. Pete		metery	22d	locati		county)		(Stole)
V\$. A15ME - \$M 2/57	E;	Hu	ntt Funera	al Home		Waldorf,	Md.		PATERIC 3			wn 8 th		



13783 **CERTIFICATE OF DEATH** filed with director, Poge 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND Charles Maryland Charl havrs ofter death. CITY OR TOWN (IT DUIS TOWN)
RURAL and give nearest town)
T.8 P funeral b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporale limits, write RURAL and give nearest town) Pomonkev-Md d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS OR INSTITUTION LY SICIANS Memorial Hosp.LaPlata NAME OF Middle Last 4. DATE filled DECEASED 12-26-60 (Type or print) Edmii nd Burt Pages Owens within S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthday) Male V-US 5-3-1867 WIDOWED [ DIVORCED | YES. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BISTHPLACE (State or foreign country)

during most of warking life, even if retired)

PRACTICE OF JEGICANO TILITORS during most of working life, even if retired)

Physician 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Silverthorne John Wesley Owens 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. Address Yes, no, or unknown Paul Keller-(Step Son 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] ñ PART I. DEATH WAS CAUSED BY. Cardiac Decompensation Then **DUE TO** requires that Arterio-Sclerosis à Decmit. 200 Canditions, if any, which been signed gave rise to immediate **DUE TO** cottse (a), stating the underlying cause last. attending physician. **burial-transit** Ē PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY FICATION 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part II of item 18.) certificate 20c. TIME OF INJURY Month, Day. 20e. PLACE OF INJURY (Home, form, Year 20d. INJURY OCCURRED 20f. (City or town) factory, street, affice bldg., etc.) Haur a.m. While Nat while at work at work p. m. 21. I certify that I attended the deceased from 10-1-602-26-60 19\_\_\_\_that I last saw the deceased alive an 2-25-60 Fig. from the causes and an the date stated above. and that death occurred at by the CTOR: del ADDRESS (Street, city or lown, state) 0 SIGNATURE Mp Indian Head Md. Pe prior shavic James PHYSICIAN' registrar NAME (TYP 3 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) abod REMOVAL (Specify) Arlington National Arlington, Virginia

**ADDRESS** 

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Reg. Dist. No.

Months

e. IS RESIDENCE

ON A FARM?

YES NO

Year

19

IF UNDER 1 YEAR IF UNDER 24 HRS

Hours

INTERVAL BETWEEN LO-Davs

Indefinite

PERFORMED? YES I NO P

(State)

(State)

12. CITIZEN OF WHAT COUNTRY?

Days

(County)

24b. REGISTRAR'S SIGNATURE

24a, REC'D BY REGISTRAR

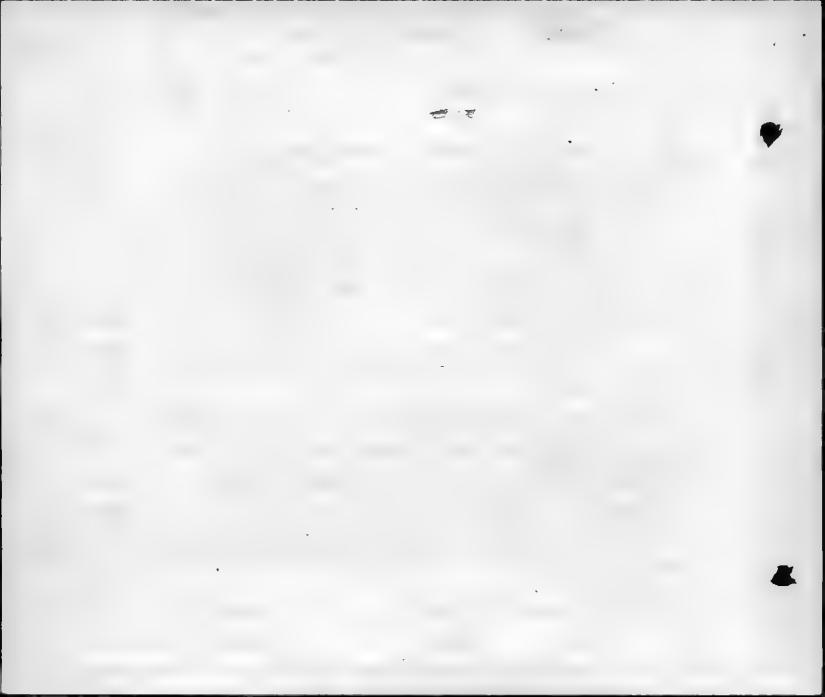
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FUNER 0 15M 9/55

VS A15 (4)

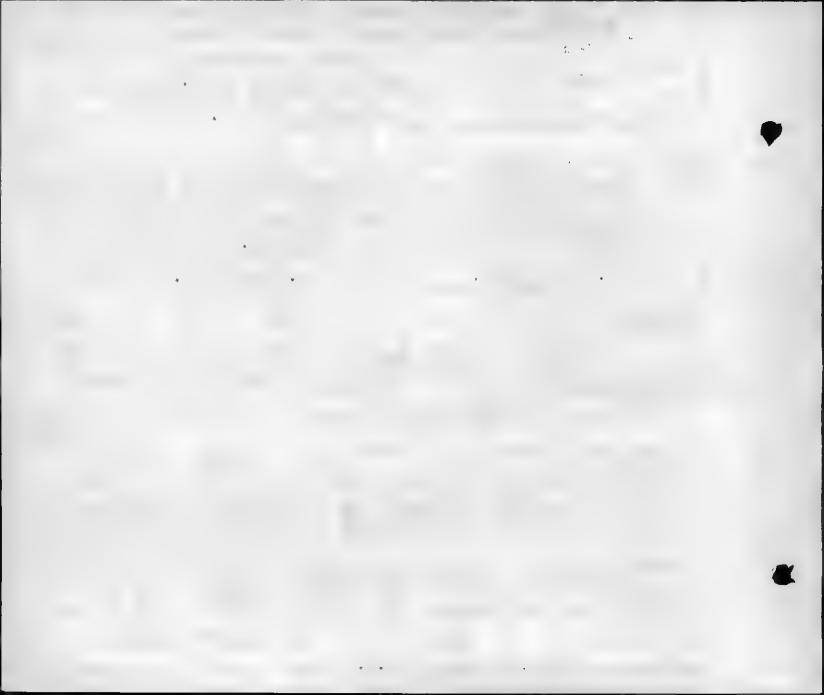
23. FUNERAL DIRECTOR'S SIGNATURE

The Huntt Funeral Home. Waldorf, Md.



1378 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH a. COUNTY Miconico Charles MARYLAND Charles Co b. CITY OR TOWN (If outside corporate limits, write RURA) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Wicomico Wicomico d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e, IS RESIDENCE ON A FARM? Home YES NO files restined for your fi Barbara NAME OF Middle DATE Month Funeral Day Year DECEASED (Type or print) DEATH 19 S. SEX 6. COLOR OR RACE 7. MARRIED 9. AGE (In yeors IFUNDER TYPAR IF UNDER 24 HRS. NEVER MARRIED JUS. DATE OF BIRTH last birthday) Months 1950 WIDOWED [ DIVORCED าก 10c. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? pup Newburg Md. USA None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Robert V. Powell Viola C. Powell 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMAN' Address Give No 1B. CAUSE OF DEATH [Enter only one couse per time for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Farm IMMEDIATE CAUSE (6) **DUE TO** Conditions, if ony, which gove rise to immediate course olong **DUE TO** (o), stoting the underlying couse lost. 6 ø iner's Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY ő PERFORMED? csed NO E 20a. EXTERNAL CAUSE WAS 20b. DESCRIBS HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Exami pire Chief Medical Exam WEDICAL Month, Day, Year 20d. INJURY OCCURRED PLACE OF INJURY (Home, form, factory, street, effice bldg., etc.) i 20f. (City,or town) (County) (Stote) Not while at work at work 21. Certify that I took charge of the remains described above, held an Autopsy Inspection 4 Inquiry death resulted from Matural causes | Accident . Suicide Gie, Homicide Undetermined cause er ACTUAL **DATE SIGNED** CHIEF MEDICAL EXAMINER SIGNATURE forward S ASSISTANT MEDICAL EXAMINER **EXAMINER'S** cute the DEPUTY MEDICAL EXAMINER A NAME (Type) 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 0 5. Buria St Mary Newport Maryland ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) Johnson & Jenkins, 4804 Ga Ave N.W. 260 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



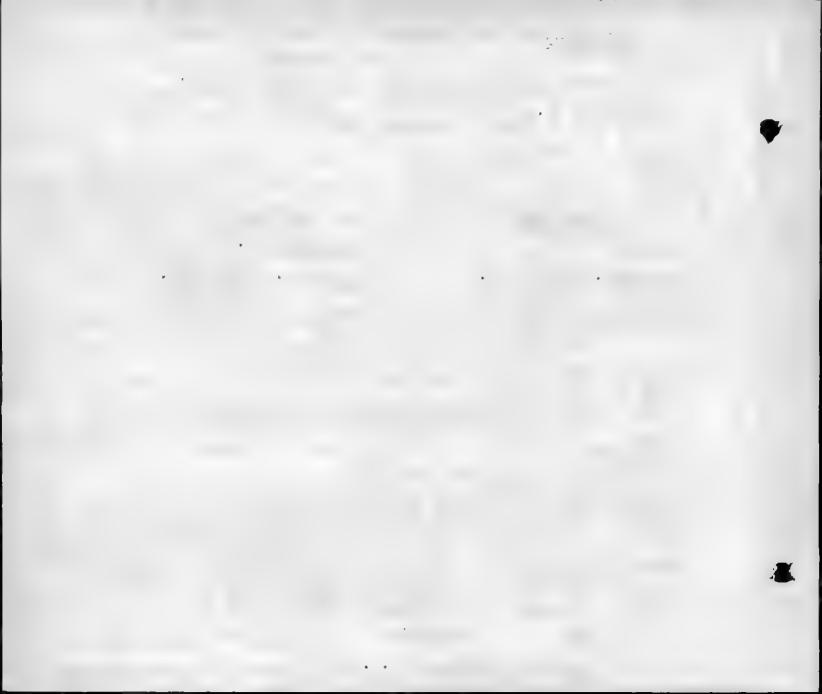
TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If any delay is necessary, please execute the contact, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the layeral director. Page 4 shauld be farwarded the Chief Medical Emainer's Office along with form PM3. Page 2 may be relayed for your file.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with interpretation or burial, cremation. ar remaval. VS. A15ME(5)

5M 9/55

		13785 MEDICAL EXAMINER'S C	ERTIFICATE (	OF DEATH	Reg. Dist. N	. 13755
	1.	PLACE OF DEATH Q. COUNTY	USUAL RESIDENCE (Where			
		Wichnico Charles Maryland	o. STATE Charles	S/C6/ MOTOUNI	Charle:	В
	1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give necreal forward.	c. CITY OR TOWN [If outsid	le corporate limits, write	RURAL and give	nearest town)
		/charles/Co/Md.Wicomico life K	chenyles/co/	Md Wicomi	Leo	
			d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
		Home	4			YES NO
	3.	NAME OF First   Middle	Lost 4. DA	TE Mont	h Day	Year
		(Type or print) James TE-NR. Y	lowell DE	ATH />	- 2	2 19 60
	5. 5	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE	E OF BIRTH	9, AGE (in years los) birthday)	IF UNDER TYEAR	
		WIDOWED DIVORCED 10	/30/1948	12 yn.	Months Days	Hours Min.
	100	00. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	1. BIRTHPLACE (Slote or for	eign country)	12. CITIZEN C	F WHAT COUNTRY?
		None	Newberg Mc	i.	USA	
	13.	3. FATHER'S NAME	MOTHER'S MAIDEN NAME			
			Viola C. Po	well dec	•	
	15,	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMATION OF THE PROPERTY OF THE PRO	MANT	Address		
		no				
		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	1		INTE	RYAL BETWEEN ET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	altern			2-2-60
7		CA /A CO DUE TO				
1		Canditions, if ony, which) [b]				
		gove rise to immediate couse (a), stating the underlying DUE TO				
		couse last. (c)				
	Š	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE	ELATED TO THE TERMINALD	SEASE CONDITION GIV	VEN IN PART 1(a)	PERFORMED?
e e	5					YES NO
	CERTIFICATION	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	oture of injury in Port I or P	ort II of item 18.)		
			re 1	12-7-	- 600	
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF	HNJURY (Home, form, 20f, reet, office bldg., etc.)	(City or town)	(County)	(Stote)
	MEC	Hour a. m. /2 1 1942 While Not while of work of work	House !	Niconec	a Clean	7/11
		21. I certify that I took charge of the remains described above,	held an Autopsy	Inspection .	Inquiry .	and find that
		death resulted from Natural causes . Accident . Suicide		Undetermined of		,
			<u></u>			
		SIGNATURE (Codelou M.D.	CHIEF MEDICAL EXAMINE	R 🔲		DATE SIGNED
			ASSISTANT MEDICAL EXA	MINER		
	00.	NAME (Type)	DEPUTY MEDICAL EXAMIT			·2-60
		20. BURIAL, CREMATION, REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREM		OCATION (City, town,		(State)
		Burial 12/5/60 St Mary's	24o. REC'D BY R	wport Ma		0.0
					STRAR'S SIGNATU	
1	-	Johnson & Jenkins 4804 Ga Ave N.W.	DATEDEC 6	160 0	Thur & Hear	4

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



1378 MEDICAL EXAMINER'S CERTIFICATE OF DEATH motion Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission a. COUNTY MO COUNTY licomico Charles MARYLAND Charles Co. b. CITY OR TOWN (If outside corporate limits, with RURAL and dive nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Maryl/and life Wicomico Micharles Co Md. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS NAME OF Middle 4. DATE Month DECEASED (Type or print) DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 14 8 DATE OF BIRTH 9. AGE (In yours IFUNDER TYPAR last birthday) 12/9151 WIDOWED DIVORCED [7] YIS. 2 sein 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Baltimore Md. None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Viola C. Powell Robert Powell 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Give None  $n\alpha$ 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** with Canditlans, if any, which olong gove rise to immediate cause DUE TO (a), stating the underlying couse last. Ö pending" in 0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY ő peso writing the ward penaim Chief Medicol Examiner's O IOR: Page 3 should be used CERTIFIC 20b. DESCRIBE HOWANJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | ar CONTRIBUTING | CAUSE OF DEATH. Month, Day, Year ZOAL INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, affice bldg., etc.) 20c. TIME OF INJURY 20f. (City)og town) 19 lectal work at work 21. I certify that I took charge of the remains described above, held an Autopsy ...... Inspection Inquiry 4 and find that OIRECTOR: Accident Justide Natoral causes Homicide , Undetermined cause cote, ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE forworder FUNERAL O ASSISTANT MEDICAL EXAMINER 🗔 **EXAMINER'S** NAME (Type) DÉPUTY MEDICAL EXAMINER [ 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lawn, or caunty) REMOVAL (Specify) 0 Buris! Marivs Newbort Maryland ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) Johnson & Jenkins 4804 Ga Ave N.W. DEC 6 Olithur of Kines.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Chas.

Day

USA

(County)

e, IS RESIDENCE ON A FARM? YES NO

Year

IF UNDER 24 HRS.

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

DATE SIGNED

(State)

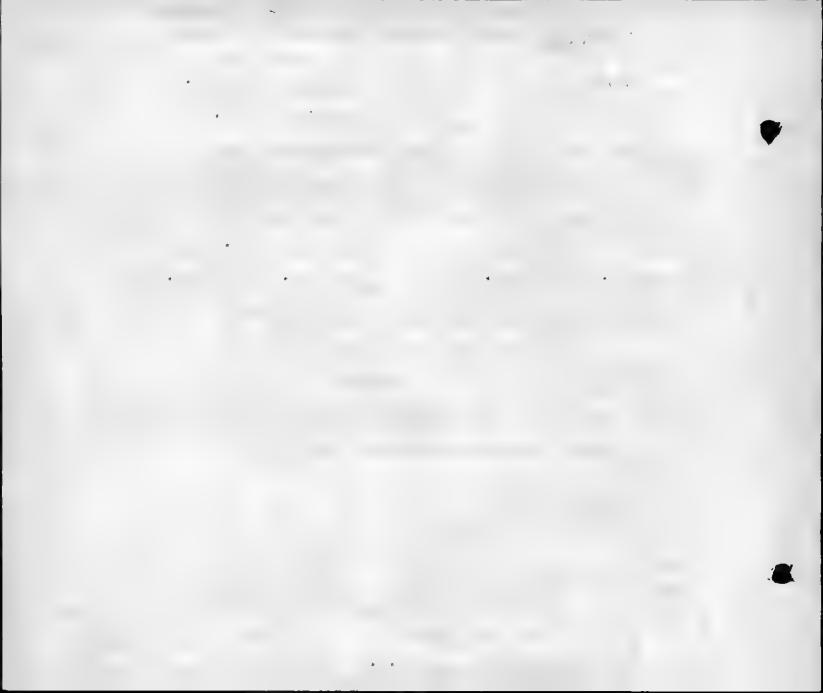
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(Stote)

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SM 9/55



MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea, Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. COUNTY Niconico Charles MARYLAND b. CITY OR TOWN (It outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate fimits, write RURAL and give nearest town) MA Wicomicd /0d/ life Wicomico d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Home YES NO NAME OF DATE Middle Doy Month Year DECEASED (Type or print) DEATH 19 and 3 to the forestained for 5. SEX 6. COLOR OR RACE MARRIED NEVER MARRIED 1918. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. loss burthday) Months WIDOWED [7] DIVORCED T 6 /1957 yrs. 100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Norristown Pennsylvania ğ None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Robert V. Powell 110 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO Conditions, if ony, which purial gave rise to immediate come DUE TO (a), stotling the underlying cause last. pending" in iner's Office o PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(3) 19. WAS AUTOPS 8 PERFORMED? osed 20b. DESCRIBE HOW INJURY OCCURRED\_(Enter nature of injury in Port I or Port II of Item 18.) 20g. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | ef Medical Examinate Page 3 should & Exami 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 200/ PLACE OF INJURY (Home, form, factory, street, office bldg., etc.) 20f. (City or lawn) (County) Not while of work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection -Inquiry and find that DIRECTOR: Suicide . Matural causes Accident | Homicide Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE forwarde. ASSISTANT MEDICAL EXAMINER [7] **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL, CREMATION, 226. DATE THEREOF 22d. LOCATION (City, lawn, or county) (Stote) REMOVAL (Specify) 2 Newport Maryland Buria] Marvis ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) Com is S. Through Johnson & Jenkins 4804 Ga Ave N.W.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

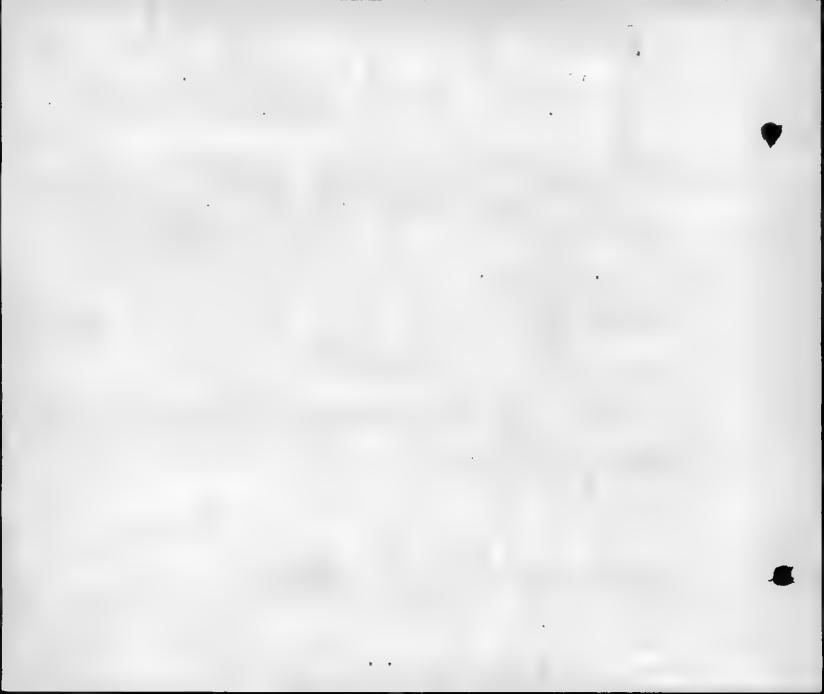
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Cate, Chi

5M 9/55



13788 MEDICAL EXAMINER'S CERTIFICATE OF DEATH any delay is necessary, please exervneral direction. Page 4 should be Rea. Dist. No. ... PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) e. COUNTY a. STATE Wilcomloo Md. b. COUNTY MARYLAND b. CITY OR TOWN Ill outside carporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town) Charles Co Md. Wicomico -Charles Co Md. Wicomico d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS NAME OF Middle DATE Month -DECEASED Wel (Type or print) DEATH 5. SEX COLOR OR RACE 7. MARRIED T NEVER MARRIED 9. AGE (In years B. DATE OF BIRTH IF UNDER TYEAR relained f lost bertiday) Months WIDOWED F DIVORCED [ 45 5. 91.5 yrs. 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? puo during most of working life, even if retired) å Mobacco Newport Md. Farmer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Page 5 7 Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address No 18. CAUSE OF DEATH | Enter only one cause per line for Jaj. (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which alang v gave rise to immediate cause DUE TO (a), stating the underlying cause lest. pending in 0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY SO used CERTIFICAT Examiner's 20a EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part II of item 18.) å PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. Should 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED . 100 PLACE OF INJURY (Home, farm, 120f, (City or town) vriting the wile Medical E R: Page 3 sh factory, street, office bldg., etc.) Not while of work of work 21. I certify that I took charge of the remains described above, held an Autopsy [], Inspection Inquiry - and find that 4-DIRECTOR: 1 death resulted from Natūral causes . Accident ... Suicide Homicide . Undetermined cause cote. ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE forwarded O FUNERAL ASSISTANT MEDICAL EXAMINER DEPUTY EXAMINER'S NAME (Type) DEPUTY MEDICAL EXAMINER 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) 9 /5/60 Burial St Maryis Newport Maryland 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) Ga Ave N.W. Johnson & Jenkins 4804 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Charles

Day

Days

USA

(County)

. IS RESIDENCE ON A FARM? YES NO

1960

Min.

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

DATE SIGNED

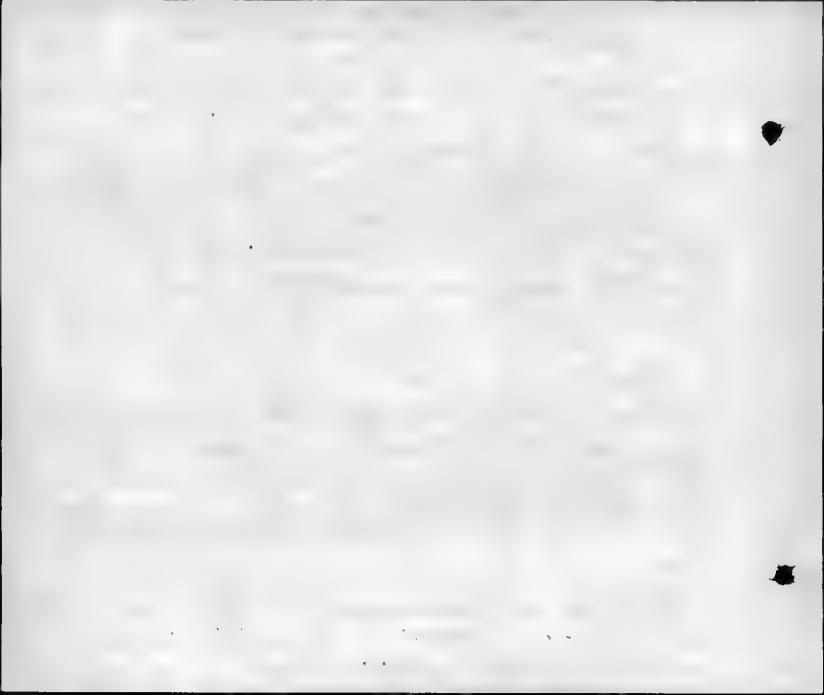
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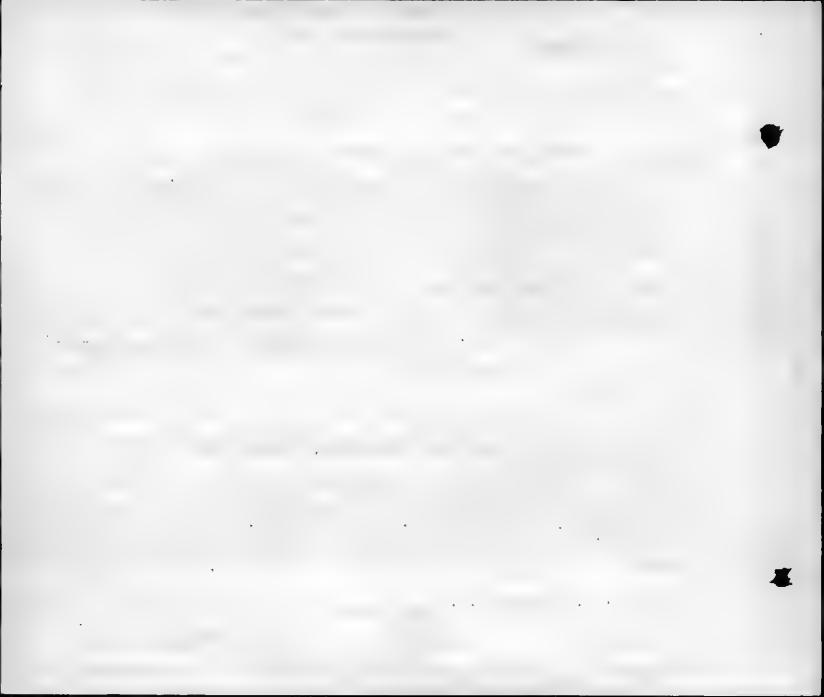
		13781) MEDICAL EXAMINER'S CERTIFICATE OF DEATH  Reg. Dist. No.	1759
1	1.	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before ad	lmission)
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		and give negrati fown)	tawn}
	L	/charles/cd/Md/ Wicomico / Charles/Cb/Md. Wicomico	
	1		RESIDENCE
		1 STATE	<u> Поп</u>
	3.	3. NAME OF DECEASED (Type or print) VIOLA First Middle Corp. Last 4. DATE Month Day OF DEATH 12 2	Year 19 60
-	5.		IDER 24 HRS.
		WIDOWED DIVORCED 5/3/1915 Least berindary 1 Months Days Hours	s Min.
	10	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)	T COUNTRY
		Newport Md. USA	
	13	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
		Unknown	
		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address  (You, no, or unknown)   (If you, give upon defen of service)	
	L	no	
		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	WEEN
		PART I. DEATH WAS CAUSED BY:	2-6
		DUE TO	
1	7	Conditions, if any, which) (b)	
	+	cause lost. (c)	
	Š	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS	S AUTOPSY FORMED?
- 188°	13	S thouse the 12-2-loo	
y.	CERTIFI	20b. DESCRIBE HOW INJURY OF CURRED. (Enter nature of injury in Port 1 or Part 11 of item 18.)  CAUSE WAS PRIMARY II CONTRIBUTING   CAUSE OF DEATH.	
	াই	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 200. PLACE OF INJURY/Home, form, 20f. (City-oc 19mm) (County)	(State)
	MEDI	Hour o. m. / h - 1 19 (ex of work ) of work of	Ne
			find the
		death resulted from Natyral causes . Accident , Suicide , Homicide , Undetermined cause .	
		SIGNATURE M.D. CHIEF MEDICAL EXAMINER	E SIGNED
1		ASSISTANT MEDICAL EXAMINER	,
	L	NAME (Type) L. D. L. D. L. L. D. L. L. DEPUTY MEDICAL EXAMINER D.	2-60
5	22	22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (St. REMOVAL (Specify)	(ote)
		Burial 12-5-60   St Mary's Co   Newport Ma.	
	23	East up a fill of a fill o	
×	L	Johnson & Jenkins 4804 Ga Ave N.W. DATEC 6 '60	
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

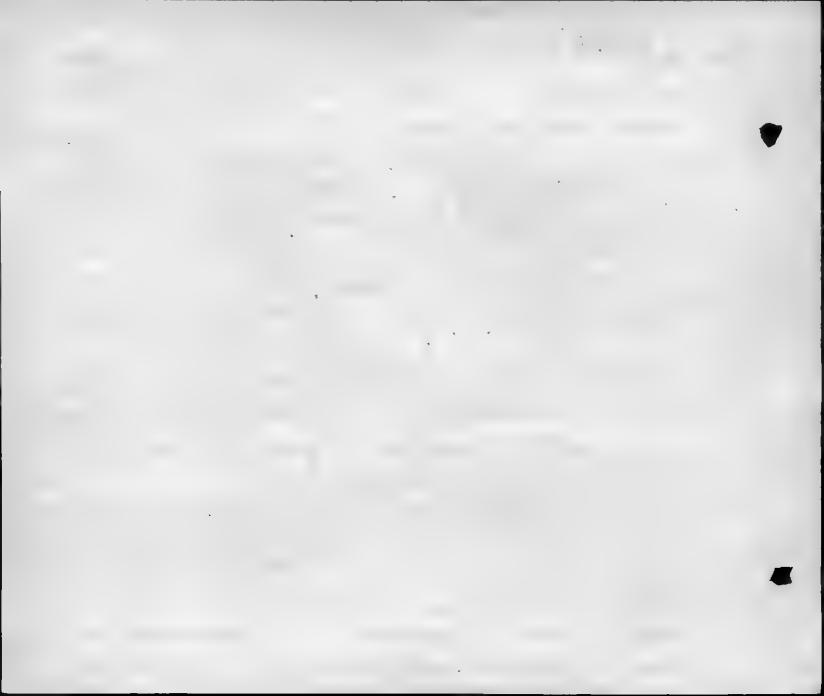


**CERTIFICATE OF DEATH** 13790 Reg. Dist. No. director . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY filed b. COUNTY Charles MARYLAND Maryland Charles 24 hours after death. funeral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) SURAL and give negrest fown)
Newburg (Rural Newburg P Newburg (Rural) d. NAME OF HOSPITAL (If not in hospital, give street oddress)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO 2 NAME OF **First** Middle Last 4. DATE Month Day DECEASED (Type or print) Iaura DEATH Rogers Dec. 16 19 60 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Days Hours er death DIVORCED T Female WIDOWED [7] 1887 3 White 8 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) puo 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ö mave 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Àddress yes, give war or dates of service) CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH 12-16-160 Q. PART I. DEATH WAS CAUSED BY: Massive Cerebral Hemorrhage **DUE TO** Hypertension Conditions, if ony, which 1953 gove rise to immediate per **DUE TO** cottse (a), stating the underpup burial-transit lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19, WAS AUTOPSY PERFORMED? YES NO TO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY IHome, form, 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour o.m. While Not while of work at work p. m. and that death accurred at 6:30PM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE 12-19:60 shaul PHYSICIAN'S HOSPITAL NAME (Type) moy be r 22b. DATE THEREOF 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) abod (Stole) REMOVAL (Specify) 9 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g/REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55 DATE DEC 2 2 '60

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



RYLAND STATE DEPARTMENT OF HEALTH AND RECORDS, 301 STREET, BALTIMORE 1, MARYLAND FOR STATE **EXAMINER'S** 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence of Sadmission) PLACE OF BEATH a. COUNTY Page a. STATE **b.** COUNTY Maryland Charles MARYLAND b. CITY OR TOWN ( Houtside corporate ) m Is, c. CITY OR TOWN (If outside corporate limits, write RURAL end give near-st town, c. LENGTH OF STAY IN 16 weis BURAL and give naarest fown) Issue d. NAME OF HOSP TAL OR HISTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? refained he State E YEST NO death NAME OF M ddbs DATE Month Dev DECEASED OF the (Typs or print) DESTR with 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED Та ast bythday) Months Hours WIDOWED [ DIVORCED 10a USUAL OCCUPATION (Give kind of work done during most of working life, even if refree 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? Avan if refired) pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMAN [Yes, no, or unkown) | (If yes give werordates of service) No Yes 1B. CAUSE OF DEATH [Enter only one cause par ane for (a), (b), and (c). PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gava rise to immediate cause DUE TO (e), staling the underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 10 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO [ 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) PRIMARY TO or CONTRIBUTING TO CAUSE OF DEATH. 2Dc. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (C'ty or town) Month, Day, Yaar (County) (State) factory, street, office bldg., etc.) While Not While Hour a.m. at work at work 21 I certify that I took charge of the remains described above, held an Autopsy Inspection 6 Inquiry and in my opinion O forwarded I death resulted from: Accident Suicide Undetermined manner al causes Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE FUNERAL EXAMINER'S DEPUT plnous NAME (Typs) Address (Streat, city, town, or county) 22. BURIAL, CREMATION. 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) (State) REMOVAL (Spacify) 40 Holv Ghast Burial 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR VS. A15ME DATEDEC 2 0 '60 5M 7/59 Cirthur & France Archart Funeral Home . Inc. La Plata



13792 CERTIFICATE OF DEATH Rea. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. COUNTY o. STATE ğ 6 COUNTY MARYLAND CITY OR TOWN (If outside corporate limits, write c. CITY\_OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 RARAL and give neorest town) 12NFOWN NAME OF HOSFITAL (If not in hospital, give street address) IS RESIDENCE OR INSTITUTION YES NO pug 2. 4. DATE OF DEATH NAME OF DECEASED Middle Lost Month Day filled (Type or print) 10 00 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthdoy) Months DIVORCED [ WIDOWED [7] YES. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most-of working life, even if retired) pup 13. FATHER'S NAME physici 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO g M altendi 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which been signed gave rise to immediate DUE TO couse (a), stating the under-GUSIT lying couse last. physician PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? **buriol-tr** YES NO 20g. ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part II or Part II of item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote) factory, street, office bldg , etc.) Hour o.m. While Not while at work ot work 196010 12-6 196 Phat I last saw the deceased 21. I certify that I attended the deceased fram Q, and that death occurred at MM, from the causes and an the date stated above RECTOR ADDRESS (Street, city or town, state) **ACTUAL** SIGNATURE prid 0 FUNERAL PHYSICIAN'S NAME (Type) 220 BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole) PEMOVAL (Specify) 0 ADDRESS 24g. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE VII A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



- 1		MARYLAND STATE DEPARTMENT OF HEALTH
EOD 01	CA TOP	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FUK S	IAIL	13793 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH	DEPT.	1. PLACE OF DEATY. 2. USUAL RESULENCE (Where deceased lived, If institution, Resulet of period of m ssion)
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Page Page les.	P. A	MARYLAND (L) (1)
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S S	TI	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years I F UNDER 14 FEAR IF UNDER 24 HRS
and and 2 y	F	WIDOWED DIVORCED   10 -1 5 - 120   last, birthdey) Maths Days   Hours   Min.
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hou see	差	Infant Maryland U.S.A.  13. FATHER'S NAME U.S.A.
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45.05.17.17.17.17.17.17.17.17.17.17.17.17.17.	976	15. WAS DECEASED EVER INVU.S. ARMED FORCES? (16. SOCIAL SECURITY NO.) 17. INFORMANT  [Yes, no, or unkown] ((Ifyer-pive-werordetes-of-service)
A F E	ÀL.	No N
5 5 5 8	NO.	18. CAUSE OF DEATH [Enter only one cause per line for (c).]
xex in insits	.≅	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) INCULTO INCULTO SOUCH
ncii alc	E .	
d b pe jige	, or	14.14 -las
5 C 5 2	Q /	Conditions, if any, which (b) gave rise to immediate cause
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cate andi	9	cause lost. [c]
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2 <u>2 2 8</u>	nat.	PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.)  19. WAS AUTOPSY PERFORMED?  PERFORMED?  YES NO  CAUSE WAS  20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Port I or Port II. of Item 18.)  PRIMARY OF CONTRIBUTING OF CONTRIBUTION OF CONTRIBU
in Nich	T-01	20e EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert I, of item 18.)
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<b>西</b> 海沿 8	-0	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 20f. (C by or town) (County) (State)  Hour e.m. 19   While   Not While
E	÷	P.m. 19 of work of work
日報を設	ž.	21. I certify that Ltook thatge of the remains described above, held an Autopsy . Inspection Inquiry Ft. and in my opinion
He HE	da'	death resulted (rdoft) Natural causes 1. Accident . Suicide . Homicide . Undetermined manner
D S S S	9	CHIEF MEDICAL EXAMINER
ED e the	*O	
p 0	ate 1	SIGNATURE M.D. ASSISTANT MEDICAL EARWHAR M.D.
Se execute	designa	EXAMINER'S 1/17 5 C A C DEPUTY MEDICAL EXAMINER
E SE	o o	NAME (Type) Address (Street, city, town, or county)
DEP asse shoul		226. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) (Siete)
0 240	6	Burial   12/15/1960   St. Mary's Cemetery   Newport , Maryland
H H	10 h	23. FUNERAL DIRECTOR JAMPRESS 240. REGISTRAR 246. REGISTRAR'S SIGNATURE
5M 7 59	K. S.	Archart Funeral Home Inc Le Plata Md DATE DEC 20'60
Tho	4 64	Archart Funeral Home, Inc La Plata, Md. DATE DESTRUCTION OF THE PLANE DESTRUCTION OF THE PLAN



VR ATS (4) 15M 9/59

	13794	STATISTICAL RESEARCH A  CERTIFICA		HEALTH MORE 1, MARYLAND	19561
1.	PLACE OF DEATH o. COUNTY Charles	MARYLAND	2 USUAL RESIDENCE (WHO O. STATE	pere deceased lived. If institution b. COUNTY	Residence before admission) Charles
	b CITY OR TOWN (If outside corporate limits, write RURA, and give nearest town) Waldorf rural	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	outside corporate limits, write RUR	RAL and give nearest fown)
	d. NAME OF HOSPITAL (If not in hospitat, give street OR INSTITUTION NONE	oddress)	d. STREET ADDRESS		on a farm? YES NO
3	NAME OF DECEASED (Type or print) Frances Ma	Arie Willett	Lost	4. DATE Month OF DEATH DEC	Day Year 21 1960 19
5	SEX 6. COLOR OR RACE 7. MAR WIDOW		B. DATE OF BIRTH March 29 1889	lost_birthdoy)	FUNDER I YEAR IF UNDER 24 HRS Months Doys Hours Min
10	do. USUAL OCCUPATION (Give kind of work done during most of working life, even if ratired)  house Work	KIND OF BUSINESS OR INDU WIN home	Oharles		USA
13	Andrew M. Gates		14 MOTHER'S MAIDEN N		
15 [Y	(es, no, or unknown) [ (If yes, give wor or doles of service)	300000000000000000000000000000000000000	Mrs. Marie Ade	Addres Accoke	
	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)  Conditions, if ony, which gove rise to immediate couse (o), stoting the under lying couse lost.	ine for (0), (b), and (c)] RDLO - NENHL  Mis_ Var- Ren  Domility	of 0: 20	Hyra Kenoio	INTERVAL BETWEEN ONSET AND DEATH
CERTIFICATION	PART II OTHER SIGNIFICANT CONDITIONS				N IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO [7]
1 .		SCRIBE HOW INJURY OCCURRI			
20c, TIME OF INJURY Month, Doy, Year 20d, INJURY OCCURRED Hour o. m. While Not while of work of twork of two of tw					
-	21 I certify that (I) (this his pital) attends as the deceased alive on 12-19 220. SIGNATURE  222. PHYSICIAN'S NAME (Type) Geobge Weber M	1960, and that	M.D. ATTENDING MM.D. PHYS DI		an the date stated above.  2-22 - 6
20	B BURIAL CREMATION, 236 DATE THEREOF	23c NAME OF CEMETERY COAKLAND COMO	OR CREMATORY	23d LOCATION (City, town, or	county) (Stote)

Dec. 24, FUNERAL DIRECTOR'S SIGNATURE ADDRESS

23 1960

25a REC'D BY REGISTRAR

Waldorf

25b REGISTRAR'S SIGNATURE

Orthon & House

Md.

Huntt Funeral Home

Waldorf, Md.

DATE DEG 2 7 '60



1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	137957 CERTIFICATE OF DEATH Reg. Dist. No. 13765
director	1. PLACE OF DEATH  o. COUNTY  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) b. COUNTY  Maryland  Charles
d a dealin	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  RURAL and give nearest town)  Marbury  Marbury
	d. NAME OF HOSPITAL (If not in hospital, give street address)  OR INSTITUTION  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES NO
filled in	3. NAME OF DECEASED (Type or print) A A A A A A A A A A A A A A A A A A A
	5. SEX    6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years lost birthday)   Months   Days   Hours   Min.
death.	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?  Infant.  None  Maryland  U.S.A.
on and carbon after de	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
ficate ysicic ave o iurs o	Joseph Lewis Wills Gracie Rebecca Brown  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
certifi g ph remirent	(Yes, no. or unknown) 10 yes, give wor or doing of service) No. No. 1 Mr. Joseph L. Wills - Potomac Heights . Md.
eath lease thin	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c), (c), and (c), (d), and (d), (d), (d), and (d), (d), (d), (d), (d), (d), (d), (d)
he d	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)  MICH MONTH WAS CAUSED BY: IMMEDIATE CAUSE (0)  ONSET AND DEATH  17 - 17 - 180
that the The The	DUE TO Menther tere the
gned b	Conditions, if any, which gave rise to Immediate DUE TO
Sile per ind irreduit	lying copies last. (c) Nephenties V/ Placeity
hysicions been selected solution and selecte	FAND. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 10) 19. WAS AUTOPSY PERFORMED?  TO LIGHT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 10) 19. WAS AUTOPSY PERFORMED?
AN: The ending p ficate ha ficate ha or remo	200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.)  OR CONTRIBUTING   CAUSE OF DEATH  OR CONTRIBUTING   CAUSE OF DEATH  IIF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSICI of or oth his certil use as emotion,	20c. TIME OF INJURY Month. Day. Year 20d. INJURY OCCURRED Hour o, m, While Not white at work at work at work at work.
Spire to the spire of far to the spire of far to the spire of far to the spire of t	21. I certify that I attended the deceased fram
TEND The high OR: A OR: A burie	alive an, 19, and that death occurred at, M, from the causes and an the date stated above.
ATT by t cTO cTO cTO ar to	ACTUAL SIGNATURE M.D. ADDRESS (Street, city or Jown, storie) DATE SIGNED  ACTUAL SIGNATURE M.D. ADDRESS (Street, city or Jown, storie)  DATE SIGNED  ACTUAL SIGNATURE
relais AL D hould b rrar pric	PHYSICIAN'S NAME (Type)
HOSPII oy be r FUNER oge 3 si e regist	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or caunty) (State)
O HO nay 1 O FUN page The re	Burial 12/18/1960 Shilo Methodist Cemetery Mt. Victoria Maryland
F F ,	23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  240. REC'D BY REGISTRAR'S SIGNATURE  DATE FOR 3 0 60
VS A15 (4) 15M 9755	ALEMAN TUMOTAL TORREST THE TIME TO PLATE THE TIME TO T
1 50 0	4000 23 4× V 5

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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